

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD: OCT 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32992
 Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 659
 (b) Township Union Primary Registration District No. 4395 Registered No. 52
 (c) City Longtown (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

August Vincent Bohner 51
 (a) Residence, No. Longtown, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Untereiner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1884</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>
	DAY <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berry County, Mo.</u>	
	13. NAME <u>Ignacius Bohner</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary J. Leible</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. August V. Bohner</u> <u>Longtown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schunbach Cem.</u> DATE <u>July 23, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Berry Funeral Home</u> <u>Berryville, Mo.</u>		
20. FILED <u>Sept 19, 1938</u> <u>Martin H. Hockel</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 21, 1938
 I last saw him alive on July 20, 1938 Death is said to have occurred on the date stated above, at 5:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute cardiac dilatation
Chronic myocarditis
2 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Oscar Garrison, M. D.
 (Signed) _____ (Address) Berryville, Mo.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF PUBLIC HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Albert H. Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.