

REC'D JUN 8 1939

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

18443
Do not use this space.

1. PLACE OF DEATH

(a) County Coll. Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 134
(c) City Jefferson. (d) Street No. 512 Broadway. 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

(a) Residence, No. 512 Broadway. 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 male. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizebeth Bohner.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 1 17
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. no specific R.R.
9. Industry or business in which work was done, as saw mill, bank, etc. shop foreman.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Adam Bohner 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Elizebeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Dr. Earl Bohner, Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE 6/2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service, Jefferson City, Mo.

20. FILED 6/27, 1939 A. W. Bradford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to 5/31/1939
I last saw him alive on 5/30/1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy - in spinal cord
Other contributory causes of importance: Senility

Date of onset 1936

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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? no
If so, specify _____ (Signed) sumner, M. D.
(Address) Jeff. City, Mo

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.

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,

D. M. Davis

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *Jefferson city 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.