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

40168
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston

(b) Township

(c) City Chillicothe

Registration District No. 508

Primary Registration District No. 3026

Registered No. 147

(d) Street No. Chillicothe Hospital 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 Ralph Earnest Bohnart

(a) Residence, No. 7½ miles N.E. Meadville, Mo. St. R.F.D. Meadville, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
21	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) Lawrence
(STATE OR COUNTRY) Nebraska

FATHER

13. NAME Joseph B. Bohnart

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska

MOTHER

15. MAIDEN NAME Elizabeth McNerny

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska

17. INFORMANT Joseph B. Bohnart
(ADDRESS) R.F.D. Meadville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parson Creek DATE 12-5 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
(ADDRESS) Chillicothe, Missouri.

20. FILED 12-5 1939 H M Grace MD
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1939

22. I HEREBY CERTIFY, That I attended deceased from never ill before died to home 1939
I last saw him alive on 1939 Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental / struck by auto	Dec 3-39
Broken neck - shoulder & leg	

Other contributory causes of importance:

HDM

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 3 1939
Where did injury occur? 3 miles east of Chillicothe Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Broken neck shoulder & leg
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H M Grace, M. D.
(Address) Chillicothe Mo
Coroner Livingston Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

Officer No. 11,
Number 1239-1670
Date Filed DEC 9 1939

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, Elton F. Norman & E. R. Norman (2374), or by

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

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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

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