DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32826

Registration District No. 668 Primary Registration District No. ~~3038~~ 5880 Registrar's No. 314

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County PETTIS. MNP
(b) City or town SEDALIA RFD 2 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SEDALIA RFD 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 80 yrs 11 mo. 24 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS.
(c) City or town SEDALIA. (If outside city or town limits, write "RURAL")
(d) Street No. SEDALIA RFD 2. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME JAMES THOMAS BOHON
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife MARY MARGARET BOHON 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased SEPT. (Month) 29 (Day) 1859 (Year)

8. AGE: Years 80 Months 11 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace PETTIS COUNTY (City, town, or county) MO. (State or foreign country)
10. Usual occupation RAIL ROAD ENGINEER
11. Industry or business RAIL ROAD
FATHER 12. Name JAMES BOHON
13. Birthplace HARODSBURG (City, town, or county) KY. (State or foreign country)
MOTHER 14. Maiden name POLLY ANN GIBBS
15. Birthplace Do not know (City, town, or county) (State or foreign country)
16. (a) Informant Emmett Bohon
(b) Address Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation CROWNHILL
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia
19. (a) 8-25-40 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1940 hour 7 minute 3 a.m. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1939, to Sept 23, 1940, that I last saw him alive on Sept 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis — Duration Nov Kn
Due to Rheumatic infection — Do Nov Kn
Due to — Do Nov Kn
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury
23. Signature Chas Cummings (M. D. of [redacted]) 1
Address Sedalia Mo Date signed Sept 22 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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 F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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

If this body is not embalmed, fact should be so stated above.