

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43446

State File No.

JAN 2 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 378

44

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

1. PLACE OF DEATH: Pettis

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
In this community 7 Days
years, months or days

3. (a) PRINT FULLNAME Johann Ludwig Bohling

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Bohling
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: April 21st 1880
(Month) (Day) (Year)

8. AGE: 60 Years 7 Months 10 Days
If less than one day hr. min.

9. Birthplace: Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Bohling

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katie Alpers

15. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Bohling

(b) Address Cole Camp Missouri R F D

17. (a) Burial (b) Date thereof Dec 4th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Lutheran Cemetery

18. (a) Signature of funeral director E. E. Eichhoff

(b) Address Cole Camp Missouri

19. (a) 12-7-40 (b) Mrs. Harry Sneed
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3/4 Miles East of Cole Camp
(If rural, give location)

(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1940 hour 11: minute 55 M.

21. I hereby certify that I attended the deceased from 11-22-40
19 to 12/1/40 19
that I last saw him alive on 12/1/40 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of stomach 4 MCO
Due to
Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations inoperable Ca. of stomach
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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
906
While at work? (Specify type of place) (c) Means of injury

23. Signature Dr. J. E. (M. D. or other)
Address Sedalia Date signed 12-7-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
T-14-41

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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, fact should be so stated above.