

Registration District No. **165** Primary Registration District No. **588A** Registrar's No. **79**

1. PLACE OF DEATH:

(a) County **Perry**  
(b) City or town **Crosstown Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**  
(c) City or town **Crosstown Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Barbra Bohnert**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Fred Bohnert** 6. (c) Age of husband or wife if alive **2** years  
7. Birth date of deceased **June 2 1851**  
(Month) (Day) (Year)

8. AGE: Years **89** Months **10** Days **4** If less than one day  
hr. **1** min.

9. Birthplace **Perry, Mo.** **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Fred Hahn**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Not known**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Martin Bohnert**  
(b) Address **Crosstown Mo.**

17. (a) **Burial** (b) Date thereof **April 8-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crosstown, Mo.**

18. (a) Signature of funeral director **Hanna S. S. S.**  
(b) Address **Perryville Mo.**  
19. (a) (Date received local registrar) (b) **H. H. Bohnert** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**  
year **1941** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **2-27-41**, 19... to **4-6-41**, 19...;

that I last saw her alive on **2-27-41**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of the lungs** Duration **4 days**

Due to **Influenza**

Due to **Influenza**

Other conditions **Influenza** **30 days**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

978  
While at work **978** (Specify type of place) (b) Means of injury  
23. Signature **H. H. Bohnert** (M. D. or other)  
Address **Perryville Mo.** Date signed

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

**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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Md.

**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.**