

FILED APR 13 1942

Registration District No. 238

Primary Registration District No. 4145

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood
(c) Name of hospital or institution: Cumby Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 17 years 6 mo 8 days
years, months or days)

3. (a) PRINT FULL NAME MARY EVELY BOHNE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 16 1924
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Lockwood Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name FRED A. BOHNE
13. Birthplace Westphalen Germany
(City, town, or county) (State or foreign country)
14. Maiden name HERED BARTLING
15. Birthplace Lockwood Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Fred A Bohne
(b) Address Lockwood Mo
17. (a) burial (b) Date thereof March 27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation immediately after death
18. (a) Signature of funeral director R L Samuels
(b) Address Lockwood Mo

19. (a) 2/26/42 (b) Quinn McLeiver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade
(c) City or town Lockwood 029
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 22-1942 to March 24-1942
that I last saw her alive on March 24-1942
and that death occurred on the date and hour stated above.
Immediate cause of death Cranial Hemorrhage

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 029
(b) Date of occurrence March 22-42
(c) Where did injury occur? Dade County Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place) motor cycle
(e) Means of injury Accident

While at work? _____
23. Signature P. D. Combs (M. D. or other) 1
Address Lockwood Date signed 3-25-42

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

RECEIVED

District-Health Officer No. 6,

District File Number 442-479

Date Filed APR 10 1942

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 me

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

Signed

R. L. Hunschield

Licensed Embalmer No. 3237

P. O. Address Larkwood 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, fact should be so stated above.