

FILED DEC 10 1942

Registration District No. 32

Primary Registration District No. 5114

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Marion Wayne Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community 20 yrs.  
years, months or days)

3. (a) PRINT  
FULL NAME

MARY ANN BOHNSACK

3. (b) If veteran,  
name war. ....

3. (c) Social Security  
No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,  
1 divorced Married  
6. (b) Name of husband or wife Fred Bohnsack 6. (c) Age of husband or wife if  
alive 75 years  
7. Birth date of deceased Jan. 16, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 9 27 hr. min.

9. Birthplace Bollinger Co. Mo  
(City, town or county) (State or foreign country)

10. Usual occupation Wing

11. Industry or business

12. Name George W. Hahn  
13. Birthplace Bollinger Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Hahn  
15. Birthplace Bollinger Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Bohnsack  
(b) Address Advance, R.R. #4  
17. (a) Burial (b) Date thereof 11-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bolch Cem.

18. (a) Signature of funeral director Baker Funeral Home  
(b) Address Lutetville, Mo. J.E. Baker  
19. (a) 11-14-42 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Advance  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1942 hour 11:00 minute 40 A.M.

21. I hereby certify that I attended the deceased from  
....., 19....., to ..... 19.....;  
that I last saw h..... alive on..... 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
No medical attendance  
Due to Probably Angina Pectoris  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

(Specify type of place)  
While at work? (c) Means of injury 3  
23. Signature J.E. Graham (M.D. or other) Coroner  
Address Lutetville, Mo. Date signed 11-14-42

RECEIVED

District Health Officer No. 3

District File Number 1242-1413-

Date Filed 12-7-42

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**