

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV. 18 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38268

Registration District No. 337

Primary Registration District No. 4497

Registrar's No. 90

1. PLACE OF DEATH

(a) County Shelby  
(b) City or town Clarence Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Hans K. Bohling

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Mrs. Ed. Bohling

6. (c) Age of husband or wife if

alive 65 years

7. Birth date of deceased

Nov. 16

1875

8. AGE:

Years

66

Months

10

Days

12

If less than one day

hr.

min.

9. Birthplace

Shelby Co

(City, town or county)

Mo

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Henry Bohling

13. Birthplace

Germany

(City, town, or county)

4

(State or foreign country)

14. Maiden name

Frances Schmidt

15. Birthplace

Germany

(City, town, or county)

4

(State or foreign country)

16. (a) Informant

Mrs. Ed. Bohling

(b) Address

Clinton Mo

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

9-30-1942

(Month) (Day) (Year)

(c) Place: burial or cremation

Maple Wood

18. (a) Signature of funeral director

William B. Bickel

(b) Address

Clarence Mo

19. (a)

Oct. 6 1942

(Date received local registrar)

(b)

Madge Good

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1942 hour 6 minute 0 M.

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

Immediate cause of death Angina Pectoris

Due to occlusion of coronary artery

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

94 lb

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Frank C. Roy (M. D. or other)

Address Clarence Mo Date signed 9-29-42

RECEIVED

District Health Officer No. 10

District File Number 11-42-3015

Date Filed NOV 17 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Henry G. Barkelore*

Licensed Embalmer No.

3835

P. O. Address

*Shelburne, 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.