

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

FILED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1408 Tracy ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")

(d) Street No. 1408 Tracy
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY BOHANAN

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

4. Sex m 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife not married 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 18 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>4</u>	<u>15</u>	<u>27</u> hr. <u>27</u> min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Carree Williams

(b) Address 1408 Tracy ave

17. (a) Removal (b) Date thereof 5/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill.

18. (a) Signature of funeral director G. M. Hudson

(b) Address 1513 Probst ave.

19. (a) 5-20-43 (b) M. D. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 11:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to (Ischemic)

Due to Chronic fibrous Myocarditis

Other conditions (include pregnancy within 3 months of death) 125

Major findings: Of operations _____

Of autopsy yes

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 P. Richardson (M. D. or other) _____
Address 1832 Lane Date signed 5-18-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *L. J. Harris*

Licensed Embalmer No. *3388*

P. O. Address *Ki Ci 71E*

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.