

FILED SEP 21 1943

Registration District No. **1002**

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 40 Yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 3521 Wyandotte **8**
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Belle Bohn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Nathaniel J. Bohn

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 5, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>26</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

12. Name William Davis

13. Birthplace No Record Indiana
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Nathaniel J. Bohn

(b) Address 3521 Wyandotte

17. (a) Burial (b) Date thereof 9/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John J. Brown

(b) Address 1901 Olathe Blvd. K.C. Kans.

19. (a) 9-1-43 (b) N.E. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 27 day 27
year 1943 hour 12:50 min. PM M.

21. I hereby certify that Dr. Brown attended the deceased from _____, 19____

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Primary occlusion of coronary artery
Chronic myocardial infarction
Congestive heart failure

Due to _____

Due to _____

Other conditions Artery of left femur (interlocking)
(Include pregnancy within months of death)

Major findings: Of operations 186

Of autopsy See above

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) Accident **123**

(b) Date of occurrence 9/27/43

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? in paper plant
(Specify type of place) (e) Means of injury hand while

23. Signature John J. Brown **3**
Address 1901 Olathe Blvd. K.C. Mo.

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

MOTHER FATHER

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..... *W. M. L. Ward*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67th St*

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.

J. T. M. S.