

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38317

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 363

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 4
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas J. Bohannon
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 27
year 1943 hour 3 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 22 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16 1943 to Nov 27 1943
that I last saw him alive on Nov 27 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure
Result of embolus due to metastasis of glands above head & neck
Duration _____
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
74 1 5 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____
12. Name Richard R. Bohannon
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Morris
(City, town, or county) (State or foreign country)
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Had carcinoma throat
Had been treated at cancer
Major findings: Sanitarium (Lewell's Mo)
Of operations: before came to me
Of autopsy: 45
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant L.J. Bohannon
(b) Address Kansas City Mo.
17. (a) (Burial, cremation, or removal) Borial (b) Date thereof Nov. 29. 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.

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 _____
Signature H.D. Clearen (M. D. or other)
Address Excelsior Springs Mo Date signed 11/29/43

18. (a) Signature of funeral director [Signature]
(b) Address Richmond Mo.
19. (a) 11-29-43 (Date received local registrar)
[Signature] (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

File Number

Filed

12-2-43

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, ~~##~~

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address Richmond 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.