

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17370

FILED JUN 7 1944

Registration District No.

Primary Registration District No. 5114

Registrar's No.

38

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Homer Milford Bohnsack.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased April 22 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 8  
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Pred Bohnsack  
13. Birthplace Cape Girardeau Co, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hann  
15. Birthplace Bollinger Co, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Foy L Bohnsack  
(b) Address Advance Mo, Route #4

17. (a) Burial (b) Date thereof May 4th 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balch Cemetery

18. (a) Signature of funeral director Baker Funeral Home,

(b) Address Lutesville, Mo,

19. (a) 5/9/44 (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 Zalma, Mo, (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3rd E. Zalma  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8/2/43  
to 5/10/44 that I last saw him alive on 4/28/44  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration

Due to

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 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) Means of injury

23. Signature John M. Smith (M. D. or other)  
Address Salisbury Date signed 5/9/44

1063

(Licensed Embalmer's Statement on Reverse Side)

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

# RECEIVED

District Health Officer No. 4  
District File Number 644-3903  
Date Filed 6-6-44

## 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

*J. E. Graham*

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

*4010*

P. O. Address

*Lutesville, Md*

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.