

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No. 92

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5331

State File No.

24506

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lamar-R.F.D. 3 Cedar 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 40 years (Specify whether years, months or days)

3. (a) PRINT John William Bohon
FULL NAME

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

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

6. (b) Name of husband or wife Mary Bohon 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 29, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Pettis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph A. Bohon
13. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sabina Ann Gibson
15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Bohon
(b) Address Parsons, Kansas.

17. (a) Burial (b) Date thereof July 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newport Cem. Barton Co. Mo.

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City, Mo.

19. (a) July 3, 1944 (Date received by local registrar) (b) Bureau of Health (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Lamar R.F.D. 3
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 13 minute 00 M.

21. I hereby certify that I attended the deceased from June 23, 1944 to June 29, 1944

that I last saw him alive on June 29 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Duration

Due to Cirrhosis of the Liver

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?

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

23. Signature Raymond A. Carlson (M.D. or other)

Address Golden City, Mo. Date signed 7-1-44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District No. 844-884

Date Filed 8-4-44

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.