DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25496

Primary Registration District No. 596

Registrar's No. 67

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

**1. PLACE OF DEATH:**

(a) County PUTNAM

(b) City or town RURAL UNION TOWNSHIP
(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 1

In this community 40 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County PUTNAM

(c) City or town RURAL — UNIONVILLE
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

**3. (a) PRINT FULL NAME** JAMES HENRY BOHANNON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife REBECCA JANE BOHANNON

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

7. Birth date of deceased AUGUST (Month) 12 (Day) 1851 (Year)

**8. AGE:** Years 92 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace LAWRENCE Co. (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation FARMING

11. Industry or business RETIRED FARMER (20 YRS)

MOTHER FATHER

12. Name WILLIAM THOMAS BOHANNON

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

14. Maiden name FRANCIS EDWARDS

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

16. (a) Informant J. R. Bohannon

(b) Address UNIONVILLE MO R.F.D. 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 6 1944 (Month) (Day) (Year)

(c) Place: burial or cremation UNION CHURCH CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO By John N. Comstock

19. (a) 8/4/44 (Date received local registrar) (b) [illegible] (Registrar's signature)

1899

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month July day 3

year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 30, 1944, to July 3, 1944

that I last saw him alive on July 3, 1944

and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: CEREBRAL HEMORRHAGE | 4 days |
| Due to: GENERAL ARTERIAL SCLEROSIS | 20 YRS |
| Due to: CHR NEPHRITIS | L |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: (a) Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 P

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? (e) Means of injury

23. Signature Neal Martin (M. D. or other)

Address Unionville Mo Date signed 8/4/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-44-1423
Date Filed AUG 11 1944

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.**