

FILED SEP 7 1944

Registration District No. **119**

Primary Registration District No. **4193**

Registrar's No. **31**

1. PLACE OF DEATH:
(a) County **Gasconade**
(b) City or town **Hermann**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
211 Market St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years** (Specify whether
In this community **40 years** years, months or days)

3. (a) PRINT FULL NAME JOHANNA BOHL
(b) If veteran, **--** name war **--** (c) Social Security No. **---**

4. Sex Female **5. Color or race White** **6. (a) Single, widowed, married, divorced 2 Widowed**
6. (b) Name of husband or wife Frita H. Bohl **6. (c) Age of husband or wife if alive 11 years**
7. Birth date of deceased Dec 11 1859
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **9** If less than one day
hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Carl Brieschke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Kuschel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gus. Fischer
(b) Address **Hermann, Mo**

17. (a) Burial (b) Date thereof **12-22-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann City Cem.**

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address **Hermann, Mo**

19. (a) Aug. 21/44 (b) **A. H. Liedler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Gasconade**
(c) City or town **Hermann**
(If outside city or town limits, write "RURAL")
(d) Street No. **211 Market St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20th**
year **1944** hour **4:00 AM** minute **---** M.

21. I hereby certify that I attended the deceased from August 19th 1944, to August 20th 1944;
that I last saw her alive on **August 20** 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, probably from lungs**
Due to **P. Brachyitis**

Due to **---**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **11/42**
Of autopsy **---**

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 **---**

23. Signature J. H. Kessler (M. D. or other)
Address **Hermann, Mo** Date signed **8-21-44**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

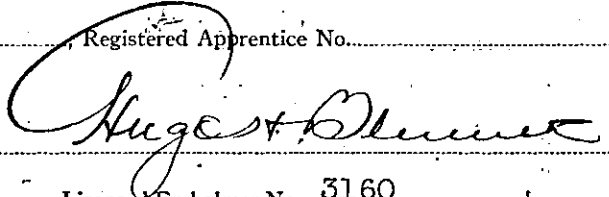
Date Filed..... 9-1-44

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed..... 

Licensed Embalmer No. 3160

P. O. Address..... Hermann, 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.