S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1944

Registration District No. 170

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31213

Primary Registration District No. 5636

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Orla Rural (Unknown) (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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Orla (Rural) 53 (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 0

3. (a) PRINT FULL NAME ANNA LUADA BOHANNON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Robert Lee Bohannon

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 11 (Day) 1870 (Year)

8. AGE: Years 74 Months 3 Days 22 If less than one day hr. min.

9. Birthplace West Va. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Vanstavern
13. Birthplace West Va. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Amanda Beimer
15. Birthplace Unknown (City, town, or county) 2 (State or foreign country)

16. (a) Informant Robert Lee Bohannon

(b) Address Orla Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation McBride

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Oct-2-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1944 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr, 1944 to 8-26, 1944 that I last saw her alive on 8-26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardetes	
Due to Rheumatism	
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? (e) Means of injury

23. Signature J. W. Lindsay (M. D. or other) MD

Address Conway Date signed 9-8-44

1090 (Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 9-44-125
Date Filed 10/11/44

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.