

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural - Grayson
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL RICHARD BOHMANN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Aug-29-44
(Month) (Day) (Year)

8. AGE: Years _____ Months 21 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name Sazathy Lee Musick

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

16. (a) Informant Loua Napkine

(b) Address Brimley, Mo.

17. (a) Burial (b) Date thereof Sept. 19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robnett Cem, Brimley

18. (a) Signature of funeral director Ch. Casey

(b) Address Idria Mo

19. (a) 9/20/44 (b) C. R. Hawkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 12 1944 to Sept 18, 1944
that I last saw him alive on Sept. 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum Duration 7 days

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury 2

23. Signature Myron S. Jones (M. D. or other) DO

Address Brimley Date signed 9/19/44

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

RECEIVED

Miller County Health Dep't.

County File Number 44-79

Date Filed 10-10-44

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.

No Embalming

Signed *Ch Casey*.....

Licensed Embalmer No. 2694.....

P. O. Address *Brva 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.