

FILED DEC 20 1944
Registration District No. **20944**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3821 Tilden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **64**

(c) City or town Hannibal **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 3821 Tilden **4**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **1)**

3. (a) PRINT FULL NAME Gracie May Bohon

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1944 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 15 1944 to Nov 18 1944
that I last saw him alive on Nov 18 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife James D. Bohon 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 29, 1883
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the
origin unknown

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

<u>61</u>	<u>5</u>	<u>19</u>	hr. min.
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Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 552

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name Thomas Hines

13. Birthplace Missouri **1)**
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Chapman

15. Birthplace Missouri **1)**
(City, town, or county) (State or foreign country)

16. (a) Informant James D. Bohon

(b) Address 3821 Tilden Hannibal Mo.

17. (a) Burial (b) Date thereof 11-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 11-21-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (c) Means of injury 2)

23. Signature J. H. Hester (M. D. or other) _____
Address Hannibal Mo. Date signed 11-19-44

1146

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal Missouri

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.