

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

FILED JAN 24 1945  
Registration District No. 126

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours  
In this community only few hours (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Catherine Bohan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Charles A 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov 29 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>16</u>	hr. min.

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John S. Mc. Cabel

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

14. Maiden name anna Madden

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

16. (a) Informant Major Chas A. Bohan

(b) Address Ocala City, Ocala

17. (a) Removal (b) Date thereof 1-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ocala City, Ocala

18. (a) Signature of funeral director Thom Hill Dillon  
(b) Address 44th Wall of Joplin

19. (a) 1-15-45 (b) Geitrus Dushalter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999  
(c) City or town Ocala City 34  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3133 N.W. 22nd 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th  
year 1945 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 1/14 19 45 to 1/14 19 45  
that I last saw her alive on 1/14 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death: Exhausted (Kerria Loren)  
Unsupervised - Public Premises  
Due to Being struck by auto in New York State 1/14-45  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 1700-8  
21  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Extensive Hemorrhage of compression  
Of operations \_\_\_\_\_  
Of autopsy operation  
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) Accident 136  
(b) Date of occurrence 1/14-45  
(c) Where did injury occur? New York  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)  
While at work? no (e) Means of injury Auto

23. Signature R. M. James (M. D. or other) 1/15-45  
Address Joplin, Mo Date signed 1/15-45

45-1-30

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**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..... *David Hillon* .....

Licensed Embalmer No. *3898* .....

P. O. Address *Joplin 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2499

Registration District No. 156

Primary Registration District No. 20

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days)

3. (a) PRINT FULL NAME Margaret C. Behan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

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

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 1 Year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

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 1-1-45

(c) Where did injury occur? Brig Kanton, N.Y. (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 R. M. James (M. D. or other) \_\_\_\_\_

Address Joplin, Mo Date signed \_\_\_\_\_

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

SUPPLEMENTARY

5-2491