

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5509**

FILED MAR 3 1945

Primary Registration District No. **5111**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **BOLLINGER**
(b) City or town **RURAL LIBERTY TWP.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

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

In this community **40 YRS.**
years, months or days)

3. (a) PRINT FULL NAME **FRED EARNEST BOHNSACK**

3. (b) If veteran,
name war **✓**

3. (c) Social Security
No. **✓**

4. Sex **MALE** (1) 5. Color or
race **WHITE**

6. (a) Single, widowed, married,
divorced **WIDOWER**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased **FEB 1 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 - 16 hr. min.

9. Birthplace **CAPE GIRARDEAU G. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **ROY L. BOHNSACK**

(b) Address **ADVANCE, MO. ROUTE #4**

17. (a) **BURIAL** (b) Date thereof **FEB 18 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BAKER CEM. BATESVILLE**

18. (a) Signature of funeral director **BAKER FUNERAL HOME**

(b) Address **BATESVILLE, MO.**

19. (a) **MAR 3, 1945** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **BOLLINGER**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")

(d) Street No. **NEAR DONGOLA**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country **6**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **16** th
year **1945** hour **2:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **6/6/44**
2/16/45, 19 to 19
that I last saw him alive on **Feb 16**, 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

(Specify type of place)

(e) Means of injury

23. Signature **John F. Myers** (M. D. or other)

Address **Batesville** Date signed **2/3/45**

1003

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 345-30

Date Filed 3-6-45

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address. Lutesville, 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.