

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10325

State File No.

Registrar's No.

FILED APR 12 1946

Registration District No.

Primary Registration District No.

3052

64

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 620 S. Mass.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

EDWIN W BOHON

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M
D

5. Color or
race W

6. (a) Single, widowed, married,
D divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased

Feb
(Month)

9 - 1876
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

70

15

hr.

min.

9. Birthplace

Smithton
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

Retired premier

11. Industry or business

12. Name

Samuel W Bohon

13. Birthplace

State of Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Edna Mayer

15. Birthplace

State of Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant

Edis Howlin

(b) Address

620 S. Mass Sedalia Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

2-26-46
(Month) (Day) (Year)

(c) Place: burial or cremation

Smithton Mo

18. (a) Signature of funeral director

A. F. Kemmerer

(b) Address

Smithton Mo

19. (a) 3-7-46

(Date received local registrar)

(b)

Betty Yeager

(Registrary signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1946 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 11-1946
to Feb 24 19 46
that I last saw him alive on Feb 24 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardium and
terminal pneumonia,
Due to general dropsy weak
heart
Due to chronic myo carditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

2 wks.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature

E. D. Holbert (M. D. or other)

Address

1202 S. Lewis, Sedalia Mo

Date signed Feb 26, 46

Licensed Embalmer's Stamp (on Reverse Side)

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

9245

25
RECEIVED

District Health Officer No. 3

District File Number

Date Filed 4-10-46

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

U. F. Remmeger

Licensed Embalmer No.

3912

P. O. Address

Smithton 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.