

S. No. 2
DM-5-43
v. 5-17-39
I X36671

5467

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1947
Registration District No. 909

Primary Registration District No. 3043

Registrar's No. 75

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:
743 Grand Ave 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 _____
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. 743 Grand Ave 4
(If rural, give location) 0

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

3. (a) PRINT FULL NAME August L. Bohmier

3. (b) If veteran, name war None

3. (c) Social Security No. 500-16-5216

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1947 hour _____ minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-16-46
_____ 19____, to 2-9-47 19____;

that I last saw him him alive on 2-9-47 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased October 11 1870
(Month) (Day) (Year)

Immediate cause of death _____ Duration 1 hour

Due to Coronary Thrombosis 3 years

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

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

76 3 19 _____ hr. _____ min.

9. Birthplace Evansville IND
(City, town, or county) (State or foreign country)

10. Usual occupation Bar Tender

11. Industry or business _____

12. Name Lewis Bohmier

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

14. Maiden name _____

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

16. (a) Informant Mrs. Ida Mae Bohmier

(b) Address 743 Grand Ave Hannibal MO

17. (a) Burial (b) Date thereof Feb 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem Quincy Ill

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal MO

19. (a) 2-11-47 (b) Dr E M Luck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

930

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W H Brum (M. D. or other) MD
Address 100 N. Sixth, Hannibal, Mo. Date signed 2-11-47

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(Licensed Embalmer's Statement on Reverse Side)

112111

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..... *N.M.O. Donnell*

Licensed Embalmer No. *3889*

P. O. Address..... *Hannibal, 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.