

THE STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

18153

State File No.

Registrar's No.

Registration District No. 210

Primary Registration District No. 4322

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town Princeton
 (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 5 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nicholas C. Bohr Jr.

3. (b) If veteran, name war No
 3. (c) Social Security No. 323-09-5744

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charlotte Bohr
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Nov. 26 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 17 hr. min.

9. Birthplace Harper Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Missouri Pfister Growers

12. Name Nicholas C. Bohr Sr.

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

14. Maiden name Mary Aller

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

16. (a) Informant Lorene Bohr

(b) Address Princeton, Missouri

17. (a) Removal (b) Date thereof 5-16-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizabeth Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Missouri

19. (a) 5-14-47 (b) G. M. Martin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from His Family
physician for 5 years
 that I last saw him alive on May 12
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Seized sudden praecordial
pain at 7:15 a.m.
 Due to Thickening coronary vessels

Duration 15 min.

Due to Had been having some anginal effort pain for past few months

Other conditions Had an acute attack auricular fibrillation 1 week ago.

Major findings: Of operations

Of autopsy None made

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

(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 A. S. Bristow (M. D. or other) M. D.

Address Bristow Bldg Princeton, Mo. Date signed 5/13/47

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

APR 23 1952

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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. Evan Martin

- - Licensed Embalmer No. 3760

P. O. Address Princeton, 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.