

FILED SEP 11 1947

Registration District No. 82

Primary Registration District No. 4144

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Pilot Grove  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether)  
In this community 80 yrs  
years, months or days)

3. (a) PRINT FULL NAME CORA BOHANNON - HEN

3. (b) If veteran, name war NO 3. (c) Social Security No. 700

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Wm M. Allen 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Dec-31-1849  
(Month) (Day) (Year)

8. AGE: Years 97 Months 7 Days 10 If less than one day - hr. - min.

9. Birthplace Syracuse Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name Martha Marguerite Bohannon  
13. Birthplace Wagoner, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Hughes  
15. Birthplace Wagoner, Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kate M. Cutchson  
(b) Address Pilot Grove, Mo  
17. (a) Burial (b) Date thereof 8-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director Wayne Painter  
(b) Address Pilot Grove, Mo  
19. (a) 8-14-47 (b) BoHooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove  
(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 Aug day 11 year 1947 hour 9 minute 10 M.  
21. I hereby certify that I attended the deceased from Aug. Int. 1946 to Aug. 11 1947  
that I last saw her alive on 8-11-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration -

Due to Cerebral Thrombosis  
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 837  
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 -  
(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 Bernice Eggleston (M. D. or other) 2  
Address Box 114 Pilot Grove Mo Date signed 8-12-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-10-47

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

working under my personal supervision.

Signed

Registered Apprentice No.

Licensed Embalmer No.

P. O. Address

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.