

**FILED SEP 23 1947**

Registration District No. **290**

Primary Registration District No. **4427**

Registrar's No. **116**

**1. PLACE OF DEATH:**

(a) County **Pulaski**  
(b) City or town **Waynesville Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Waynesville General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 da** (Specify whether years, months or days)  
In this community **1 da**

**3. (a) PRINT FULL NAME** **Robert F Lee Bohannon**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **M** 5. Color or race **W**  
6. (b) Name of husband or wife **Leta Bohannon**  
6. (c) Age of husband or wife if alive **19** years  
7. Birth date of deceased **JAN 19-1971**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **29** If less than one day hr. min.

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

10. Usual occupation **Miller**

11. Industry or business **business**

12. Name **Thomas Bohannon**

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

14. Maiden name **Ellen Hillhouse**

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

16. (a) Informant **J. L. Bohannon**

(b) Address **Richland, MO**

17. (a) **Removal** (b) Date thereof **8-20-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richland, Mo.**

18. (a) Signature of funeral director **P. B. Cooper**

(b) Address **Richland, Mo.**

19. (a) **Sept 17, 1947** (b) **Thomas C. Buchthope**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Pulaski**  
(c) City or town **Richland, Mo.**  
(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 **Aug** day **18th**  
year **1947** hour **7** minute **am**

21. I hereby certify that I attended the deceased from **Aug 5**, 19**47** to **18 Aug**, 19**47**  
that I last saw h. alive on **Aug 5**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
**Heart Disease**  
**with Congestive**  
**Failure**  
Due to **---**  
Due to **---**

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (Specify type of injury)

23. Signature **Tom C. Buchthope** (M. D. or other)  
Address **Richland, Mo.** Date signed **17 Sept 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.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed

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.**