

S. No. 2  
-12-45  
5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35216

Registration District No. 273

Primary Registration District No. 5920

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Union  
(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: 73-4-5  
In this community 73-4-5  
years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Anna C. Bohnert

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19  
year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 11/16  
2 1947 to Oct 17 1947  
that I last saw her alive on 10-16 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Andrew Bohnert

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

7. Birth date of deceased June 14 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>5</u>		hr. _____ min. _____

Immediate cause of death Cerebrum (Lacer)  
St. Louis Hospital  
Due to Asphyxia (operated)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Conrod Muench

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

14. Maiden name Anna Lintner

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy H6F

Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene Bohnert

(b) Address Biehle R-1

17. (a) Burial (b) Date thereof 10-21-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo.

18. (a) Signature of funeral director Youngmans

(b) Address Perryville Mo

19. (a) Oct 20 47 (b) Joe J. Zellner  
(Date received local registry) (Registrar's signature)

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 Chas. W. Wickman (M. D. or other) Dr.

Address Perryville Date signed 10-20/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4  
District File Number 1147-1410  
Date Filed 11-5-47

NOV 6 1947

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.....

Frederic W. Bone

Registered Apprentice No. 510

working under my personal supervision.

Signed Edward Young

Licensed Embalmer No. 2198

P. O. Address Perryville 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.**