

BUREAU OF THE CENSUS
FILED MAR 15 1948Registration District No. 133Primary Registration District No. 3022Registrar's No. 17

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town Bethany
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bethany Hospital
 (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

3. (a) PRINT FULL NAME Lucy Elizabeth Bohannon

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Elliot Bohannon 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased October 12 1891
(Month) (Day) (Year)8. AGE: Years 56 Months 3 Days 16 If less than one day _____ hr. _____ min.9. Birthplace Mc Fall Missouri
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name William Green13. Birthplace Mc Fall Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary E. Rodman15. Birthplace DoKalb Co. Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. P.C. Hall(b) Address Osborn, S. Missouri17. (a) Burial (b) Date thereof 3-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mc Fall Cemetery(a) Signature of funeral director W. J. Bush(b) Address Albany, Missouri19. (a) Mich. 1-48 (b) Zola Burren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
 (c) City or town McFall
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 6 minute A M.21. I hereby certify that I attended the deceased from Feb 27, 1948, to Feb 28, 1948;
that I last saw her alive on Feb 27, 1948
and that death occurred on the date and hour stated aboveImmediate cause of death Accidental Strangulation by Automobile accident Duration 19 hrs.Due to Fracture cervical spine c injury to cord.
Due to _____Other conditions _____
(Includes 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) Accidental car #1(b) Date of occurrence Feb - 27 1948(c) Where did injury occur? Bethany - Harrison MO
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway -While at work? No (Specify type of place) Accidental Car

(e) Means of injury _____

23. Signature W. J. Broyles (M. Doctor) MOAddress Bethany Mo Date signed 3/29/48

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 13 1944

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Charles F. Burns

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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, above space should be left blank.