

No. 2  
5-43  
5-17-39  
X36671

State File No. \_\_\_\_\_

FILED FEB 19 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 54

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 North Tenth  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Erwin Theodore Bohler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 318-09-0045

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Trula Lee Densmore Bohler  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased September 26, 1902  
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tool & Dye Maker

11. Industry or business Durasteel Company

12. Name Robert Henry Bohler

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

14. Maiden name Eugenia Miller  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. E.T. Bohler

(b) Address 213 North Tenth Hannibal Mo.

17. (a) Burial (b) Date thereof 2/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsfield Illinois

18. (a) Signature of funeral director W. C. Crawford Smith  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 2-14-48 (b) Dr. C. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12  
year 1948 hour 8 minute 56 A. M.  
21. I hereby certify that I attended the deceased from Aug  
1947 to Feb 12 1948  
that I last saw him alive on Feb 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute lymphatic leukemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Internal Hemorrhages  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 2/12/48  
(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) (c) Means of injury \_\_\_\_\_  
23. Signature W. C. Crawford Smith (M. D. or other) MD  
Address 1001 Broadway Hannibal Date signed 2/13/48

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

MOTHER FATHER

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.....

*John S Ward*

Registered Apprentice No. *35*

working under my personal supervision.

Signed.....

*H Crawford Smith*

Licensed Embalmer No. *3814*

P. O. Address *Hannibal 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, fact should be so stated above.**