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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 16 1948  
Registration District No. 375

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22014  
Registrar's No. 21

Primary Registration District No. 6283

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

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town St. George - Elk Creek Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home of Mae Harlament in St. George  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 4 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114  
(c) City or town St. George  
(If outside city or town limits, write "RURAL")  
(d) Street No. at the home of Mae Harlament in St. George  
(If rural, give location)  
(e) Citizen of foreign country? Mo. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT LEE BOHANNON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Annie Leada Bohannon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: (Month) 12 (Day) 19 (Year) 1866

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>81</u>	<u>4</u>	<u>21</u>		

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

10. Usual occupation Farmer + Merchant-Retired

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

12. Name Enoch Bohannon

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

14. Maiden name Julyan Shuby

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

16. (a) Informant Mrs. Mae Harlament  
(b) Address St. George Mo.

17. (a) Burial (b) Date thereof 5 12 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M.E. Bride Cem.

18. (c) Signature of funeral director Gene E. Holden  
(b) Address Hartsville Mo

19. (a) June 1948 (b) E. B. Garner  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10  
year 48 hour 4:00 minute 53 P.M.

21. I hereby certify that I attended the deceased from 4-10, 1948, to 5-10, 1948  
that I last saw him alive on 5-8, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Renal Disease

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (Y) Means of injury \_\_\_\_\_

23. Signature J. H. Worthy, M.D. (M. D. or other)  
Address Hartsville Mo Date signed 5-12-48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 648-683

Date Filed JUN 15 1948

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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 Gene C. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, Md.

**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.**