No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35298

Registration District No. Ferguson 333

Primary Registration District No. 3074

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Sikeston (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston General 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 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: Matthews, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: no street number (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: GILBERT J. BOHANNON ~~Jessie Gilbert Bohannon~~

3. (b) If veteran, name war: W. W. 1

3. (c) Social Security No.: 490-18-2584

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Nora Bohannon

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: 2 (Month) 18 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	23	..... hr. ..... min.

9. Birthplace: Decatur Co. (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Foreman elevator work

11. Industry or business: Gemeinhardt Grain Co.

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs Bill Dunn

(b) Address: Matthews, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Matthews, Mo.

18. (a) Signature of funeral director: H. W. Albritton

(b) Address: Sikeston, Mo.

19. (a) 11-3-48 (Date received local registrar) (b) Mrs T. F. Henry (Registrar's signature)

Corr. by Aff. Dec. 18, 1948 H.C. Stallo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1948 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Oct 27, 1948, to Oct 31, 1948; that I last saw him alive on 10-31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basilar Skull fracture	4 das.
Due to	
Due to	
Other conditions: Fracture, severe, Right maxilla + frontal bones, laceration, severe, right face (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: Oct 27, 1948

(c) Where did injury occur? Matthews, (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Gemeinhardt) (Specify type of place)

While at work? Yes (e) Means of injury: Belt pulley broke

23. Signature: H. J. Ferguson (M. D. or other) M. D.

Address: Sikeston, Mo. Date signed: Nov 3, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1148-1497
Date Filed 11-4-48

NOV 30 1948
DEC 2 1948
DEC 6 1948

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of New Madrid

State File No. 35298-48

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 18th day of Dec, 1948, before me appears Nora Bohannon, who, upon her oath, states that the original record of ~~birth~~ death for Gilbert J. Bohannon, ~~born~~ died 10/31/48, 19..., in the State of Missouri, and which was filed at Sikeston, Mo. on ..., 19..., should be corrected as follows:

Item No. 3 should read Gilbert J. Bohannon

Instead of Jesse G. Bohannon

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nora Bohannon Wife
Relationship.

Matthews, Mo
Present Address.

Subscribed and sworn to before me this 18th day of Dec, 1948.

My Commission expires March 13, 1950

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
X37817