

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31300

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 307	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia mo</i>		c. LENGTH OF STAY (In this place) <i>3 mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Smithton</i>		CO	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bothwell D</i>				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Elizabeth Ann</i>		b. (Middle) <i>Bohon</i>		c. (Last) <i>Bohon</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 3 - 1949</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Aug 9 - 1871</i>	
9. AGE (In years last birthday) <i>78</i>		10. AGE (If under 1 year) Months <i>24</i> Days <i>24</i> Hours <i>0</i> Min. <i>0</i>		11. BIRTHPLACE (State or foreign country) <i>Stover Morgan Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Stover Morgan Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Henry Fusin</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Hishogel</i>		14. NAME OF HUSBAND OR WIFE <i>William - deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Gladys Palmer, Lee Summit MO</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Anaphylactic Shock.</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>Rheumatoid arthritis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7220</i>	
19a. DATE OF OPERATION <i>—</i>		19b. MAJOR FINDINGS OF OPERATION <i>—</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1 July 1947</i> to <i>3 Sept 1949</i> , that I last saw the deceased alive on <i>3 Sept 1949</i> , and that death occurred at <i>11:10 AM.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. Siegel M.D.</i>				23b. ADDRESS <i>Smithton Mo</i>		23c. DATE SIGNED <i>10/4/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept 4 - 49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>		24d. LOCATION (City, town, or county) (State) <i>Smithton MO</i>	
DATE REC'D BY LOCAL REG. <i>9-12-49</i>		REGISTRAR'S SIGNATURE <i>Betty Yeager</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>O. F. Henneberger</i>		ADDRESS <i>Smithton MO</i>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

SEP 19

District Health Officer No. 8,

District No. _____

Date Filed 9-23-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

A. F. Kemmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton, 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.