

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33762**
4243

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>20 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		72	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 WARD PARKWAY</u>				d. STREET ADDRESS (If rural, give location) <u>700 WARD PARKWAY</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PAUL</u>		b. (Middle) <u>MICHAEL</u>		c. (Last) <u>BOHAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. - 3 - 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. - 25 - 1894</u>		9. AGE (In years last birthday) <u>54 YRS</u>		10. KIND OF BUSINESS OR INDUSTRY <u>WESTERN UNION</u>		11. BIRTHPLACE (State or foreign country) <u>OMAHA, NEBRASKA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except within 1 year of death) <u>RETIRED SALES MANAGER TELEGRAPH CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WESTERN UNION</u>		11. BIRTHPLACE (State or foreign country) <u>OMAHA, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM BOHAN</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE DONAHUE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BOHAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-09-9441</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY BOHAN 700 WARD PARKWAY KANSAS CITY, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Stenosis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>421</u>				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) (Min.)		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 <u>April 18, 1946</u> , to <u>Oct 3, 1949</u> , that I last saw the deceased alive on <u>Oct 2, 1949</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William F. Sanders</u> (Degree or title)				23b. ADDRESS <u>1103 Highland Ave Kansas City, Mo</u>		23c. DATE SIGNED <u>Oct 3, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>OCT-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>OMAHA, NEBRASKA</u>	
DATE REC'D BY LOCAL REG. <u>10-4-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1331 BRUSH CREEK DR. W D KANSAS CITY, Mo.</u>			

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

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 Jess T. Deuss
Licensed Embalmer No. 4453

P. O. Address 27 Anson City

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.