

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34256**

FILED NOV 10 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>88</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>Lafayette</u>				
b. CITY OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (In this place) <u>44 yrs.</u>		c. CITY OR TOWN <u>Higginsville</u>		54 2 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>Christina Marie Bohmann</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year) <u>10 29 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2/5/68</u>		
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>8</u>		11. DAYS <u>24</u>		12. IF UNDER 18 RES. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Concordia MO.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Eriz Langa</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Tebercamp</u>		
14. NAME OF HUSBAND OR WIFE <u>Claus Bohmann</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. W. Hull</u>				ADDRESS <u>N.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inhalation of Smoke</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Higginsville, Lafayette</u>		21d. (STATE) <u>Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 21-49 10:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Trapped in burning room</u>				
22. I hereby certify that I attended the deceased from <u>Oct. 23, 1949</u> , to <u>Oct. 29, 1949</u> , that I last saw the deceased alive on <u>Oct. 29, 1949</u> , and that death occurred at <u>11:55 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. K. Koppertink Jr. M.D.</u>				23b. ADDRESS <u>Higginsville, Missouri</u>		23c. DATE SIGNED <u>Oct. 31, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 4, 1949</u>		REGISTRAR'S SIGNATURE <u>Rayton H Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forrest J. Boyler</u>		ADDRESS <u>Higginsville, MO.</u>		

RECEIVED NOV 8

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-49

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 _____

Forrest R. Hooper
working under my personal supervision.

Student Embalmer No. 354

Signed Forrest R. Hooper
Student Embalmer

Signed Forrest A. Hooper

Licensed Embalmer No. 04358

P. O. Address Higginsville, 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.