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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21772

State File No.

Registration District No. 349

Primary Registration District No. 4207

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Henry Calhoun

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

(c) Name of hospital or institution:
in Calhoun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME William H Bohm

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 18 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Maude Bohm

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

14. Maiden name Maudie Maude

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

16. (a) Informant Laurine Bohm

(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 6 10 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cem

18. (a) Signature of funeral director Fred C. Williams

(b) Address Clinton Mo

19. (a) June 10 41 (b) Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Calhoun
(If outside city or town limits, write "RURAL")

(d) Street No. in Calhoun rd #
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from here, 1941, to June 8, 1941;
that I last saw him alive on June 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arterial sclerosis with hypertension

Due to arterial muscle enlarged & calcified

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

956 (Specify type of place) _____
While at work? _____ (e) Means of injury 2

23. Signature Edith J. Simpson (or other) 100
Address Clinton Mo Date signed June 10 41

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

RECEIVED

District Health Officer No. 7¹

District File Number 7-41-1059

Date Filed 7-1-41

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:

Licensed Embalmer No.

P. O. Address

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.