

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 27 1946  
STANDARD CERTIFICATE OF DEATH

State File No. **10314**  
Registrar's No. **19**

Registration District No. **273**

Primary Registration District No. **5916**

1. PLACE OF DEATH:

(a) County **Perry**  
(b) City or town **Longtown Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **72-4-29** (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME

**John F. Bohnert**

3. (b) If veteran, name war

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Matilda Bohnert** 6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **September 26 1873** (Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **29** If less than one day hr. min.

9. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Miller**

11. Industry or business

12. Name **Ferdinand Bohnert**  
13. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Barbara Hahn**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Ludwig Bohnert**  
(b) Address **Longtown Mo.**

17. (a) **Burial** (b) Date thereof **2-28-1946** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Longtown Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo.**

19. (a) **Feb 28, 1946** (b) **John F. Bohnert** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**  
(c) City or town **Longtown Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25** year **1946** hour **7** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **9 Feb 1946** to **25 Feb 1946** that I last saw him alive on **22 Feb 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 hr**  
Due to **myocardial degeneration** **2 yrs**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**  
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Jerome Medall** (M. D. or other) Address **Jerome Medall, MD** Date signed **28 Feb 46**

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

9234

OFFICE NO. 4  
BOX 346-1888  
3-25-46

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### 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.....*Kallase Young*.....  
.....  
Licensed Embalmer No. *4027*.....  
P. O. Address *Perquimans Co*.....

**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.**