

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17259

FILED JUN 7 1948

Registration District No. 217

Primary Registration District No. 3007

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 65 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. 328 South Camden 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES GARRETT BOHANNAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Mary Bohannon

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

7. Birth date of deceased February 2, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>19</u>	hr. _____ min.

9. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired jeweler

11. Industry or business _____

MOTHER FATHER { 12. Name Richard R. Bohannon

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Morris 9

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Richmond, Missouri

(b) Address Mrs. Howard Shultz

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation City Cem., Richmond, Mo.

18. (a) Signature of funeral director Thurman Funeral Home

(b) Address 627 East Main St., Richmond, Mo.

19. (a) May 26, 1948 (Date recorded local registrar) Malcolm Jackson (Registrar's signature) MSB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1948 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 2, 1948 to May 21, 1948
that I last saw him alive on May 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 7 days

Due to Pericardial Anemia 5 yrs

Due to _____

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

PHYSICIAN _____

Major findings: _____
Of operations 169

Of autopsy _____

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)

(e) Means of injury Auto

23. Signature Dr. E. Q. Keran (M. D. or other) MSB

Address Richmond, Mo. Date May 26, 1948

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-4-48

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.....

William L. Thurman

, Registered Apprentice No. 65

working under my personal supervision.

Signed.....

William L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.