S. No. 2
—4-13-40
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FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Lowe

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6926

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 111

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1409 W. Atlantic /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1409 W. Atlantic 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie Mattie Bohnenstiel

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased September (Month) 12 (Day) 1885 (Year)

8. AGE: Years 55 Months 4 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Supt.

11. Industry or business Springfield Laundry Co.

FATHER
12. Name Jacob Bohnenstiel
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Anna Horning
15. Birthplace Unknown (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant Barney A. Parker
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 9 (Day) 1941 (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-9-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1941 hour 5 minute 40 p. M.

21. I hereby certify that I attended the deceased from 9/23/40, 19..., to 1/2/7, 1941;
that I last saw her alive on 2/3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer, Colon primary

Due to

Due to 4 6

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer ascending Colon
Of autopsy none

Duration

PHYSICIAN
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?
9 4 4 (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H A Lowe (M. D. or other)
Address Date signed 2/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 M. L. Conaday

Licensed Embalmer No. 3434

P. O. Address Springfield, 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.