

Registration District No. 211

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Centertown, R. F. D. # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Centertown, Mo. R. F. D. #10
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #1
(if rural, give location)
(e) If foreign born, how long in U. S. A.? 69 years years.

3. (a) PRINT FULL NAME JOSEPH BOHRER

3. (b) If veteran, name war. XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased. Feb. 18 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Alsasse-Lorraine, France
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Bohrer

13. Birthplace Alsasse-Lorraine, France
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kaufmann

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Rosaline Bohrer

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin's, Mo.

18. (a) Signature of funeral director J. S. Harris

(b) Address Jefferson City, Mo.

19. (a) 3/31/41 (b) Ruth Mahan
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1941 hour 12¹⁵ minute 15 M.

21. I hereby certify that I attended the deceased from Feb 2, 1941, to Mar 29, 1941;
that I last saw him alive on Feb 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of stomach

Due to 46 yr.

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

Major findings: Of operations
Of autopsy

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

23. Signature Supersore (M. D. or other) M. D.
Address Jeff City Mo Date signed 4/29/41

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

MOTHER FATHER

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.....

Albert C. White

Licensed Embalmer No.

4168

P. O. Address.....

*712 E. High
Jefferson City, 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.