

12-40  
7-39  
X23159

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 Yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary E. Ingram Bohrer

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

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. Charles W. Bohrer  
6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased October 10 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Dressmaker

11. Industry or business \_\_\_\_\_

12. Name Michael Ingram  
13. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Paulina Agnes Rhoades  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett L. Bohrer  
(b) Address 5837 Tracy

17. (a) Burial  
(Burial, cremation, or removal)  
(b) Date thereof Nov. 12 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-12-41  
(Date received local registrar)  
(b) M. M. Crowe  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5837 Tracy Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Nov. 3  
1941 to Nov. 10 1941;  
that I last saw her alive on Nov. 9 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute pulmonary edema Duration 1 day  
Due to Myocardial degeneration 1 week  
Due to hypertension 1 year  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
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)  
(a) Means of injury \_\_\_\_\_  
23. Signature John T. Shriver (M. D. or other) MD  
Address 1140 Bryant Bldg. Date signed 11-11-41  
R. C. MO

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

MOTHER FATHER

7-8  
[Handwritten notes]

**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 Ernie M. Colburn

Licensed Embalmer No. 3506

P. O. Address K C Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**