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

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural, Bee Branch Township
(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 no. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME ANDREW CHRISTIAN BOHRER

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

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Clara Bauer 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November 30 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>10</u>hr.min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name George Bohrer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rose

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

16. (a) Informant Mrs. R. C. Bohrer

(b) Address New Cambria mo.

17. (a) Burial (b) Date thereof Feb 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director J. E. Hillman

(b) Address New Cambria, Mo.

19. (a) 2/15/42 (b) R. A. Helbig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural, New Cambria
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 1 1/2 mile west + 5 1/2 mile south
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1942 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Feb 10 1942
that I last saw him alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma Liver Duration 6 mo

Due to..... 46f

Due to.....

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

Major findings: Impacted Gall bladder
Carcinoma of Liver

Of autopsy no

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 Doc West (M. D. or other)
Address New Cambria MO Date signed Feb 15, 42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-13-42

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

H. J. Hillland

Registered Apprentice No. _____

working under my personal supervision.

Signed *H. J. Hillland*

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.