

No. 2
1-4-41
1-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24977

State File No.

FILED AUG 11 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 262

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1720 S Quincey 1
(If not in hospital or institution, write street number or location)

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

In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1720 S Quincey 7
(If rural, give location)

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME Fred Monroe Bohon

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 3 1942 to July 22 1942
that I last saw him alive on July 22 1942
and that death occurred on the date and hour stated above.

4. Sex M. O 5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH 6 1870
(Month) (Day) (Year)

Immediate cause of death Carcinoma Squamous of Colon, 18 cm. at
transverse lymph gland

Due to _____

Due to _____

8. AGE: Years 72 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

Other condition Carcinoma Liver & mesenteric lymph glands
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy H62

10. Usual occupation Farmer & Shopman

11. Industry or business _____

12. Name James M. Bohon

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

14. Maiden name Polly Ann Stubbs

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James M. Bohon

(b) Address Sedalia

17. (a) Burial (b) Date thereof 7/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLunglin Bros.

(b) Address Sedalia, Mo.

19. (a) 7/22/42 (b) Mrs. Anne Berger
(Place received local registrar) (Registrar's signature)

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 J. W. Boyer
Address Sedalia Mo. Date signed 7/24/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-2-42

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Robert H. Reed

Licensed Embalmer No. _____

3745

P. O. Address _____

Sedalia 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.