

No. 2  
5-43  
17-39  
X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10419

FILED APR 10 1944

State File No. \_\_\_\_\_

Registration District No. 77

Primary Registration District No. 1000

Registrar's No. 386

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
Mo. Meth. Hosp.  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 721 N 10th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME W. B. Bohart

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour two minute 00 P.M.

21. I hereby certify that I attended the deceased from March 13  
1944 to March 24 19 44

that I last saw him alive on March 24, 19 44  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 14 1861  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Fracture, intertrochanteric, right Duration 12 days

Due to Heart disease, arteriosclerotic un-known

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

1864

8. AGE: Years Months Days If less than one day

82 7 10 hr. min.

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

10. Usual occupation Salesman

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

MOTHER FATHER { 12. Name Richard Bohart

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant not given

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 3-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maitland, Mo.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St Joseph, Mo.

19. (a) 3-26-44 (b) Roe Herzog  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Accident 191

(b) Date of occurrence March 13, 1944

(c) Where did injury occur? At home, 721 No. 10th  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
St. Joseph, Missouri at home  
(Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature W. J. Trachsel M.D. 3 M.D. 0  
(At, B, or other)

Address Social Welfare Board Date signed 3/25/44

1235

(Licensed Embalmer's Statement on Reverse Side)

St Joseph, Mo

**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. Geph*

Licensed Embalmer No.

*3308*

P. O. Address

*St. Joseph, 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.**