V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10326

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 67

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 South Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 South Quincy
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Charlotte Cole Bohon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred M. Bohon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 10 (Day) 1868 (Year)

8. AGE: Years 78 Months Days 12 If less than one day hr. min.

9. Birthplace Southwest of Sedalia, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name James W. Cole
13. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary E. Drake
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James Bohon
(b) Address 1620 South Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director McLaughlin Furn. Co.
(b) Address Sedalia, Missouri
19. (a) 3-8-46 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 46 hour 3 15 minute P M.
21. I hereby certify that I attended the deceased from 2-19, 1946 to 2-22, 1946 that I last saw her alive on 2-21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Chr. myocarditis
(2) Chr. Interstitial nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 13/0

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

23. Signature J. W. Boyer (M. D. or other)
Address Sedalia, Mo. Date signed 2/25/46

(Licensed Embalmer's Statement on Reverse Side)

9246

3:15 p.m Feb 2

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-46

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 K. P. McCrary
Licensed Embalmer No. 3153
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.