

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 167

Primary Registration District No. 5608

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Rose Hill Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Holden, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 9 years 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Donald Gene Bohannon

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased October 25, 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>9</u>	<u>7</u>	hr. _____ min.

9. Birthplace Rose Hill, Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business same

MOTHER FATHER
12. Name Richard Bohannon
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mae Tallman Bohannon
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Bohannon
(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof Aug 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.

19. (a) Sept 1, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning in a pond.
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 183' 17

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence August 2, 1946.
(c) Where did injury occur? Rural.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On his father's farm.
(Specify type of place)

While at work? (e) Means of injury coroner

23. Signature J. May Andrews
Address Holden, Mo. Date signed 8/2/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *M. L. Canaday*
Licensed Embalmer No..... *34134*
P. O. Address..... *Holden, 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.