

No. 2
2-43
17-39
X25897

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14112

REGISTERED BY THE CENSUS
FILED APR 18 1947

State File No. _____

Registration District No. 195

Primary Registration District No. 5714

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Mc Donald

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

(c) Name of hospital or institution: None
(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 None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mc Donald (b) County Missouri

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME EVA-ISABELLA BOHNER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife S. S. Bohner 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug 26 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>11</u>	hr. min.

9. Birthplace College Springs, Ia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same

12. Name Isaac Mc Dowell

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

14. Maiden name Isabella Stegerson

15. Birthplace Page Co. Ia
(City, town, or county) (State or foreign country)

16. (a) Informant S. Bohner
(b) Address Pineville, Mo.

17. (a) Burial (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.M. Humphrey Pineville, Mo

18. (a) Signature of funeral director Pineville, Mo
(b) Address Pineville, Mo

19. (a) 4-1-47 (b) Mrs B. Bradley
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15th year 1947 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from Dec. 1st 1946 to March 14 1947, that I last saw him alive on March 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast 2 years

Due to _____

Due to _____

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

Major findings: Of operations 50

Of autopsy _____

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) (e) Means of injury _____

23. Signature Reg. W. Blankenship (M. D. or other M.D.)

Address Cadison Mo Date signed 3-31-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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FEB 7 1950

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 Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address. Princeton, N.J.

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.