

FILED MAR 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4861

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 269

1. PLACE OF DEATH

a. COUNTY Jackson /

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) 32 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4409 E 9th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo b. COUNTY Jackson 3178

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 4409 E 9th

3. NAME OF DECEASED

a. (First) William b. (Middle) James c. (Last) Bohn

4. DATE OF DEATH (Month) (Day) (Year) 2/17/52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 8. DATE OF BIRTH 5/6/1899 1899 9. AGE (In years last birthday) 52-52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Pub. Serv. Emp. 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James A. Bohn 13b. MOTHER'S MAIDEN NAME Unk 14. NAME OF HUSBAND OR WIFE Jessie Bohn, (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 486-07-5204 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nadine Pittman, 547 Glenwood, Indep ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH H20!

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh Owens (Degree or title) 23b. ADDRESS 1034 Purdie Bldg 23c. DATE SIGNED 2-18-52

24a. BURIAL CREMATION (Specify) Burial 24b. DATE 2/21/52 24c. NAME OF CEMETERY OR CREMATORY Purdue 24d. LOCATION (City, town, or county) (State) Grain Valley, Mo.

DATE REC'D BY LOCAL REG. 2-19-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil ADDRESS Kansas City, Mo.

WRITE PLAINLY—USING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

John P. Steil

Signed.....

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K C M O

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.