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6
AUG 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25609

Do not use this space.

546

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 546
(c) or City SPRINGFIELD (d) Street No. Springfield Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Henry Bockius St. OKla. City, OKla.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Infant 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Groundsman
9. Industry or business in which work was done, as saw mill, bank, etc. Midland Constructors
10. Date deceased last worked at this occupation (month and year) July 5, '39 11. Total time (years) spent in this occupation 6 wks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKla City, OKla

FATHER 13. NAME Henry Bockius

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pawhuska, OKla

MOTHER 15. MAIDEN NAME Augusta Paugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pawhuska, OKla

17. INFORMANT (ADDRESS) O. J. Paugh, Mr. Vernon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE OKla City, Okla DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Respt. Burial Home, Mr. Vernon Mo.

20. FILED July 5, 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 5, 1939 Death is said to have occurred on the date stated above, at 3:22 p.m.

The principal cause of death and related causes of importance were as follows:

Burns 3rd degree left arm 2nd degree right arm & face. 2nd degree lacerations 3d of feet

Other contributory causes of importance: 193

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident State of injury 1939

Where did injury occur? North of Okla City, OKla (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury By electricity 23000 Volts

24. Was disease or injury in any way related to occupation of deceased? Yes

(Signed) O. J. Paugh Coroner, M. D.

(Address) Springfield, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

