

FILED AUG 16 1941

Registration District No. **49**

Primary Registration District No. **5033**

Registrar's No. **16**

1. PLACE OF DEATH:
(a) County **Bates**
(b) City or town **Rural West Point**
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **46** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Whalminna Bohlken**
8. (b) If veteran, name war **none** **8. (c) Social Security No.** **none**

4. Sex **Female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced, widowed**
6. (b) Name of husband or wife **Reieke Bohlken** **6. (c) Age of husband or wife if alive** **27** years
7. Birth date of deceased **Mar 27 1852**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	3	18	hr. min.

9. Birthplace **Halkrop Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business

MOTHER FATHER
12. Name **John Kahman**
13. Birthplace **Unk Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Idena Rickels**
15. Birthplace **Unk Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **My John DeKeman**
(b) Address **Amoret Missouri**

17. (a) burial **(b) Date thereof 7-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mulberry Cemetary**

18. (a) Signature of funeral director **Arthur J. Mansold**
(b) Address **Amsterdam Missouri**

19. (a) 7/16/41 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 miles N.E. Amoret**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **76** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **15** year **1941** hour **5:20** minute **AM**

21. I hereby certify that I attended the deceased from July 14, 1941 to July 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

Due to
Other conditions **GAZ**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
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?

23. Signature **W. H. Decker** (M.D. or other) **DO**
Address **Amoret Mo.** **Date signed** **7-15-41**

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.

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1310
Date Filed _____

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, ~~xxx~~ _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. A. Mangold
Licensed Embalmer No. 3610
P. O. Address Amsterdam Missouri

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.