

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1942
17/8

Registration District No.

Primary Registration District No. 5948

Registrar's No. 48

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town LEMONS Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY OF LEMONS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME

CARRIE BOKENHAM P.

3. (b) If veteran,
name war. ✓

3. (c) Social Security
No. ✓

4. Sex F

5. Color or
race W

6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

CHARLES F
7. Birth date of deceased

OCT
(Month)

28
(Day)

80
(Year)

8. AGE:

Years

Months

Days

If less than one day

97

5

25

hr.

min.

9. Birthplace

(City, town, or county)

IOWA
(State or foreign country)

10. Usual occupation

Home work

11. Industry or business

12. Name SIMON MEYERS

13. Birthplace

(City, town, or county)

GERMANY
(State or foreign country)

14. Maiden name VIRGINIA BARGER

15. Birthplace

(City, town, or county)

IOWA
(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

BURIAL (burial, cremation, or removal)

(b) Date thereof

4-16-42
(Month) (Day) (Year)

(c) Place: burial or cremation

LEMONS, Mo.

18. (a) Signature of funeral director

(b) Address

19. (a)

4-18-42 (b) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PUTNAM
(c) City or town LEMONS, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 14, 1942
year 1942 hour 8 minute 5 P.M.

21. I hereby certify that I attended the deceased from
Apr. 13 1942 to Apr. 16, 1942
that I last saw him alive on Apr. 10, 1942
and that death occurred on the date and hour stated above
Immediate cause of death Endocarditis Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? _____

(Specify type of place)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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

RECEIVED

District Health Officer No. 10

District File Number 5-42-1008

Date Filed MAY 15 1947

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 Murl E. Hursted
Licensed Embalmer No. 3304
P. O. Address Unionville, 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.