

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 22 1942

Registration District No. 887

Primary Registration District No. 6171

Registrar's No. 17

1. PLACE OF DEATH:

(a) County... Warren
(b) City or town... Rural (Elkhorn) (Int)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town... Warrenton (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida L. Bockhorst

3. (b) If veteran, name war _____ 3. (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 Henry J. Bockhorst 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15, 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name August Hintz

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

14. Maiden name Dorothy Abert

15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Kamper

(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof May 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) May 27 1942 (b) John A. Behrman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 6
1942 to May 3 1942
that I last saw her alive on May 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis
Cerebral Hemorrhage 1 month
Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 O. L. Garcia (M. D. or other) 0
Address Warrenton Mo Date signed 5/5/42

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

