

V. S. No. 2
50M-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9497**

FILED MAR 16 1943

Registration District No. **1943** Primary Registration District No. **5108** Registrar's No. **6**

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

008

1. PLACE OF DEATH:

(a) County **Benton**

(b) City or town **Mora, Rural Williams Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **80 years**
1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

(c) City or town **Mora Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Betty Louisia Bockelman**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

Feb 19

20. DATE OF DEATH: Month **Feb** day _____ year **1943** hour **4:00** minute **30** A.M.

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **John R. Bockelman**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 3rd 1856**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-1-43** to **2-19-43**

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
80	6	16	hr. _____ min. _____

Immediate cause of death **Chronic Hepatitis**

Due to _____

Due to _____

9. Birthplace **Lake Creek Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Fred Heimsoth**

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

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 _____

MOTHER FATHER { 14. Maiden name **Geffen**

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

16. (a) Informant **George Bockelman**

(b) Address **Mora Mo RFD**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb 21, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Ionia Cemetery**

18. (a) Signature of funeral director **E. S. Eichler**

(b) Address **Cole Camp Mo**

19. (a) **FEB. 20, 1943** (Date received local registrar)

(b) **S. E. SELBYER** (Registrar's signature)

23. Signature **W. S. Reyer** (M. D. or other) **D. W. Hall**

Address **Cole Camp Mo** Date signed **2-20-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

PAULINE HORN'S DEPT.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 2-43-105

Date Filed 3-10-43

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.