

V. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X32873

11055

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 9 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 81

80  
6  
4

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

1. PLACE OF DEATH:

(a) County Pettis Sedalia

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days) 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Morgan

(c) City or town Stover MO  
(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 Emma Bokling

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 12 year 1943 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from March 11 to March 12 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Bokling Louis 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Oct 23 1870  
(Month) (Day) (Year)

Immediate cause of death Cholecystitis

8. AGE: Years 72 Months 24 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stover MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Gehrs

13. Birthplace Morgan Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hirschkopf

15. Birthplace Austria-Hungary 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Wagner

(b) Address Smithton MO

17. (a) Burial (b) Date thereof 3-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stover MO

18. (a) Signature of funeral director C. F. Neunyer

(b) Address Smithton MO

19. (a) 3-13-43 (b) Anna Berger  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1270

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 a home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. Bokling (M. D. or other)

Date signed 3/12/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-9-43

---

---

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..... *A. F. Neimeyer*

Licensed Embalmer No. 3912

P. O. Address..... *Southton S.C.*

**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.