

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12441

FILED JAN 10 1944  
Registration District No. 37

Primary Registration District No. 4218

Registrar's No. 243

1. PLACE OF DEATH:

- (a) County Henry  
(b) City or town Windsor  
(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 2 Years (Specify whether years, months or days)  
In this community 2 Years

3. (a) PRINT FULL NAME Mrs Mary Bockelman

3. (b) If veteran, name war None  
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 George Bockelman  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept 17th 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 23  
If less than one day hr. min.

9. Birthplace Benton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Herman Vogt

12. Name Herman Vogt  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name anna Kreonke  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carry Eckhoff

- (b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Dec 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Cole Camp Memorial

18. (a) Signature of funeral director G. A. Dickhoff

- (b) Address Cole Camp Mo

19. (a) December 31, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Benton  
(c) City or town Cole Camp Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 80 (If rural, give location)  
(e) Citizen of foreign country? 80 (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 10th  
year 43 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec 10 1943  
to Dec 10 1943  
that I last saw her alive on Dec 10 1943  
and that death occurred on the date and hour stated above

- Immediate cause of death Myocardial failure Duration

- Due to in Phlegm

- 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 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 George W. Under (M. D. or other)  
Address Windsor Date signed 12-13-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-43-1434

Date Filed 1-6-44

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**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. Dickhoff

Licensed Embalmer No. 10280

P. O. Address.....

**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**