

U3947
4394827
State File No. _____
Registrar's No. _____

FILED JAN 7 1944
Registration District No. 329

Primary Registration District No. 4484

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Commerce
(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 years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Commerce
(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 Jacob Bom

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Hena Boneberger 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct 21, 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Posey Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Bom

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

14. Maiden name Bird

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

16. (a) Informant A. S. Bom

(b) Address Commerce Mo

17. (a) Bury (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boms Chapel Cem Henderson

18. (a) Signature of funeral director B. S. Hubbard

(b) Address Chaffee, Mo.

19. (a) 12-6-43 (b) Mo Ida Newkirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1993 hour 1:00 minute 15 M.

21. I hereby certify that I attended the deceased from November 25 1993 to Dec 3 1993 that I last saw him alive on Dec 3 1993 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
schulity

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) Means of injury _____

23. Signature A. B. Hill M.D. M. D. or other M.D.
Address Commerce Mo Date signed 12/4/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

103K

JAN 1 0 1944

RECEIVED
District Health Office No. 2,
District File Number 142-22
Date Filed 1-5-44

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 Mamie Biplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaparral

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.