

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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-43
-39
33867

FILED FEB 14 1944

Registration District No. 4

Primary Registration District No. 4012

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County HICHISON
 (b) City or town ROCK PORT
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wichison
 (c) City or town Rock Port, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME STELLA BLANCHE BOCKMILLER
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 29
 year 1944 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from Jan 26
to Jan 28, 1944, to..... 1944
 that I last saw him alive on Jan 28, 1944
 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 Geo. BOCKMILLER
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: (Month) 2 (Day) 21 (Year) 1864

Immediate cause of death.....
 Duration.....

8. AGE: Years 79 Months 10 Days 8
 If less than one day hr. min.

Due to Senility
 Due to.....

9. Birthplace Rock Port (City, town, or county)
Mo (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
162 lb

10. Usual occupation.....

Major findings: Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name JAS. M. TEMPLETON
 13. Birthplace UNKNOWN Indiana (State or foreign country)
 14. Maiden name SWAN WHITE
 15. Birthplace UNKNOWN N.Y. (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.....

16. (a) Informant J. M. Templeton
 (b) Address Paris, Mo
 17. (a) BURIAL (b) Date thereof 1-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenhill Cem
 18. (a) Signature of funeral director Geo. Bachelous
 (b) Address Rock Port, Mo
 19. (a) Jan 31 1944 (b) Miss Stella Bockmiller
(Date received local registrar) (Registrar's signature)

23. Signature J. M. Templeton (M. D. or other)
 Address Fairfax, Mo. Date signed 29

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 *Gay Beuchler*

Licensed Embalmer No. *5173*

P. O. Address *Rock Pt Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 4

Primary Registration District No. 4012

1. PLACE OF DEATH:

(a) County Wichita
(b) City or town Rock Port
(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 all her life years, months or days

3. (a) PRINT FULL NAME Stella B Bockmelle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased March 21 1902
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days _____ in less than one day min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____, year 1944, hour _____, minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ after on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

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 Dr. C. P. Templeton (M. D. or other) _____

Address Fairfax Mo. Date signed 1-27-44

SUPPLEMENTARY

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

