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

18459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 80

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 802 days (Specify whether
In this community 802 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 46
(If outside city or town limits, write "RURAL")
(d) Street No. 923 East 9th 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emil Bockelbrink
3. (b) If veteran, name war no
3. (c) Social Security No. 510-07-0528
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 3 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	1	24	hr. min.

9. Birthplace unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation Steamfitter
11. Industry or business
FATHER
12. Name Peter Bockelbrink
13. Birthplace Wester-Engsr (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Jusse Meirer
15. Birthplace Dorstfeld (City, town, or county) Germany (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San, Mount Vernon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sanatorium Cemetary
18. (a) Signature of funeral director Geo. B. Ore
(b) Address Mt Vernon Mo
19. (a) 6-1-44 (Date received local registrar) (b) Audy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 5 minute 40 P. M.
21. I hereby certify that I attended the deceased from March 16, 1942 to May 27, 1944, that I last saw him alive on May 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	over 3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 f 1

Major findings: ~~Of operations~~ Bilat. ulcero-caseous & Pulm Tbc, portal cirrhosis, Tbc
Of autopsy rt kidney, myocarditis

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Y. F. Fujikawa (M. D. or other) MD
Address Mt Vernon, Mo Date signed 5/27/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 644-666
Date Filed JUN 5 1944

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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

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

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