

FILED OCT 2 1944

3833

Registration District No. 789

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vineyard Park Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days
In this community 23 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2212 Indiana
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1)

3. (a) PRINT FULL NAME Ruth Bockemeyer
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 21
year 1944 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from Sept 1 84 to Sept 21 1944
that I last saw him alive on Sept 20 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 Married
6. (b) Name of husband or wife Edward Bockemeyer 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased: 3 (Month) 14 (Day) 1885 (Year)

Immediate cause of death
Septic Pyelitis
Nephritis
Septic cystitis
(Comp. ulcers)
Duration 20 days
Due to 3 Mths
Due to 6 Mths

8. AGE: Years Months Days If less than one day
59 6 7 hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None 117 a 2
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Frank Brown
13. Birthplace Maine (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Mibb
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Edward Bockemeyer
(b) Address 2212 Indiana
17. (a) Burial (b) Date thereof 9 22 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn
19. (a) 9-23-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 J. E. Seldon (M. D. or other)
Address 912 Wood Date signed 9-22-44

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

MOTHER FATHER

861

Commece Bldg.

No. 4195

603 Commece Bldg

12 - 3 pm

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 J. W. Herrick
Licensed Embalmer No. 3599
P. O. Address K.C. Mo.

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.