

Registration District No. 291

Primary Registration District No. 5997

Registrar's No. 41

1. PLACE OF DEATH:

(a) County PUTNAM  
 (b) City or town LEMONS *Wilson*  
 (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 50 YEARS  
 years, months or days

3. (a) PRINT FULL NAME CHARLES FREDRIC BOKENKAMP

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife: CARRIE BOKENKAMP 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased DECEMBER 6 1861  
 (Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 22 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARM

11. Industry or business FARMING

12. Name HERMAN BOKENKAMP

13. Birthplace DON'T KNOW GERMANY  
 (City, town, or county) (State or foreign country)

14. Maiden name WILHELMINA HEIMS

15. Birthplace DON'T KNOW GERMANY  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. G. Griffin

(b) Address Green City, Missouri

17. (a) BURIAL (b) Date thereof 6-30-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEMONS CEMETERY

18. (a) Signature of funeral director CONSTOCK FUNERAL HOME

(b) Address Unionville, Mo. 64484

19. (a) 6-30-46 (b) H. A. Smith  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86  
 (c) City or town LEMONS 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28  
 year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 20  
1946 to June 28, 1946  
 that I last saw him alive on June 28, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 2 weeks  
 Duration

Due to hypertension & chronic glomerulonephritis  
leading to uremia

Other conditions Cardiac decompensation  
 (Include pregnancy within 3 months of death) due to myocarditis

Major findings: Of operations

Of autopsy 3/1

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 kind of place)  
 (b) Means of injury 2

23. Signature Dr. L. G. Smith (M. D. or other) Dr.  
 Address Unionville, Mo. Date signed 6-29-46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1363

Date Filed JUL-12-1946

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

*John N. Onstott*

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.