S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22519

Registration District No. 362 Primary Registration District No. 6232 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural (Bridgeport Twp.)
(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 7 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 107

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles Southwest of Jonesburg
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Raymond E. Bockhorst

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 Married

6. (b) Name of husband or wife Mrs Violet Bockhorst

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March (Month) 9 (Day) 1904 (Year)

8. AGE: Years 42 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Florence Bockhorst
13. Birthplace Pike County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Louise Fewing
15. Birthplace Carrol County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. R. E. Bockhorst
(b) Address Jonesburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton Mo.

18. (a) Signature of funeral director C. R. Harding
(b) Address Jonesburg Mo

19. (a) June 18, 1946 (Date received local registrar) (b) Mrs Gladys Luttmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan. 1946, to June 15, 1946, that I last saw him alive on June 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary failure with edema	
Due to Carcinoma Endocrine Metastatic	
Due to Carcinoma Ordinary	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]
Address Jonesburg, Mo. Date signed June 15, 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 7-9-46

NOV 20 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 Earl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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, above space should be left blank.