

FILED JUN 10 1947

Registration District No. **21**

Primary Registration District No. **6707**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Benton**

(b) City or town **Ionias**  
(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 **36 Years** (Specify whether years, months or days)

In this community **36 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

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

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **George Henry Bockelman**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **521-32-0254**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18** year **1947** hour **6** minute **0** P. M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Viola**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **February** **7th** **1885**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-18-1947** to **5-18-1947**

that I last saw him alive on **5-18-1947** and that death occurred on the date and hour stated above.

8. AGE: **62** Years **3** Months **11** Days If less than one day hr. min.

Immediate cause of death **Coronary Thrombosis**

9. Birthplace **Benton County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **AFA**

Of autopsy

11. Industry or business

12. Name **John Bockelman**

13. Birthplace **Benton County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Heimsoth**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Viola Bockelman**

(b) Address **Ionias Mo**

17. (a) **Burial** (b) Date thereof **May 21st 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Sedalia**

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?

18. (a) Signature of funeral director **Eichhoff**

(b) Address **Cole Camp Mo**

19. (a) **5-19-47** (b) **Ed Eichhoff**  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. P. Reever** (M. D. or other) **Med.**  
Address **Cole Camp Mo** Date signed **5-19-47**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-697  
Date Filed 6-9-47

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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..... *E. K. Eickhoff*

Licensed Embalmer No..... 730

P. O. Address..... *Carl Camp 9th*

**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.