

No. 2  
-1/47  
-17-39

16860

State File No. \_\_\_\_\_

National Office of Vital Statistics

FILED MAY 19, 1948  
Registration District No. 178

Primary Registration District No. 4287

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN 57

(c) City or town TROY 2  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA WILAHOMENA BOCKHORST

3. (b) If veteran, name war X

3. (c) Social Security No. \_\_\_\_\_

4. Sex FE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY BOCKHORST 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 5 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	0	29	_____ hr. _____ min.

9. Birthplace LINCOLN CO. MO. D  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name DIEDEKICK HEDEMAN 4

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA BRANDT

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant J. G. BOCKHORST

(b) Address TROY, MO

17. (a) BURIAL (b) Date thereof 5/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WRIGHT CITY MO

18. (a) Signature of funeral director Hempfling Fun. Home

(b) Address Troy, Mo.

19. (a) 5-14-1948 (b) Emma B. Riddle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4  
year 1948 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5/4/48 to 5/6/48  
that I last saw h.e.r. alive on 5/4/48 and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Infarction

Due to Serum

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 93%

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 J. B. Riddle (M. D. or other) \_\_\_\_\_  
Address Troy, Mo. Date signed 5/5/48

PHYSICIAN  
Underline the cause of which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAY 18 1948  
Date Filed

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 Joseph J. Marsh  
Licensed Embalmer No. 3932  
P. O. Address Tray, 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.