

FILED JUL 27 1948

State File No. _____

Registration District No. 27

Primary Registration District No. 5086

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Homer 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 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Homer Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carline Kay Bohlken

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of June 29 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days I If less than one day hr. _____ min. _____

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Varl Bohlken

13. Birthplace Amoret Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Vermillion

15. Birthplace Amoret Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Bohlken

(b) Address Amoret Mo.

17. (a) Burial (b) Date thereof 7-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benjamin

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam Mo.

19. (a) 7-9-48 (b) Varl Bohlken
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 29 1948 to June 30 1948
that I last saw her alive on June 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 30 hrs

Due to Instrument Delivery, and/or Deep Transverse Arrest Position

Due to _____

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, in farm, in industrial place, in public place?

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

23. Signature W.D. Schuster (M. D. or other) D.O.
Address Amoret, Missouri Date signed 6-30-48

WRITE PLAINLY—USE UNFADING BLACK INK—WRITE IN PLAIN LETTERS

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed 7-16-48

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 ~~XXXXX~~ _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. C. Mairgold
Licensed Embalmer No. 3610
P. O. Address Amsterdam, 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.