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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28995

FILED OCT 12 1948

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 331

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(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 Stoddard 107
(c) City or town Rural DEXTER
(If outside city or town limits, write "RURAL")
(d) Street No. R. E. D. #4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Donald Eugene Bockhold

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above

4. Sex Male 5. Color or race White 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 deceased 9-24-1948
(Month) (Day) (Year)

Immediate cause of death Asphyxiation Duration _____

8. AGE: Years Months Days If less than one day
0 0 0 9 hr. _____ min.

Due to cardiac failure

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

Due to arteriosclerosis

10. Usual occupation Infant

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____
Of operations: _____

MOTHER FATHER

12. Name Paul Bockhold

13. Birthplace Terra Haute Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Erma Guethle

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

Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Bockhold
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 9-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery Strickland-Rainey

18. (a) Signature of funeral director Dexter Missouri
(b) Address 9/6/48

19. (a) _____ (b) P. Brunelle
(Date received local registrar) (Registrar's signature)

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 type of place) (e) Means of injury _____

Signature A. S. Merkel M.D. (M. D. 9/29/48)
Address Poplar Bluff Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 124A-1313

Date Filed 10-11-48

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3479

P. O. Address Rept. 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.