

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36016

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 341
332

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell 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)

3. (a) PRINT FULL NAME John R. Bockelman

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 Verna Bockelman 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct. 21 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business U.S. Post Office

MOTHER FATHER { 12. Name John R. Bockelman

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

14. Maiden name Louise Reimsoth

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

16. (a) Informant Mrs. John R. Bockelman

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 10/17/40 (b) Mrs. Harry Sneed
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 So. Carr
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 16
year 1940 hour 7 minute 35P M.

21. I hereby certify that I attended the deceased from Oct 1 1940
Oct 16 th, 19 40,
that I last saw him alive on Oct 16 th, 19 40,
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Gastric Ulcer -

Due to Old Gastric Ulcer -

Due to _____

Other conditions Peritonitis following Perforation
(Include pregnancy within 3 months of death)

Major findings: None other
Of operations _____

Of autopsy No.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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? _____

906
While at work _____ (Specify type of place)

23. Signature Thos. B. Currier M.D. (M. D. or other) _____

Address Sedalia Mo Date signed 10-17-40

Duration

Oct
11, 1940

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

70
4
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.