

FILED MAY 8 1942
318

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 Years
years, months or days

3. (a) PRINT FULL NAME Ruth Norman Bockman

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse A. Bockman 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Dec. 26 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harry E. Norman
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ellie D. Rice
15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse A. Bockman

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-27-42 (b) [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2014 Boonville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 12 minute 05 a. m.

21. I hereby certify that I attended the deceased from
Oct. 21 1942 to 4/26/42
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, lymphocytic Duration 6 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 74a

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other) M.D.

Address Springfield, Mo. Date signed 4/27/42

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

9
2
6

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 *Louise Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield 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.

X