

FILED JUN 6 1944

Registration District No. 2

Primary Registration District No. 4473

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Blackburn, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All her Life
years, months or days)

3. (a) PRINT

FULL NAME Mrs. Carrie Bockman

3. (b) If veteran, name war # _____

3. (c) Social Security No. # _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry R. Bockman 6. (c) Age of husband or wife if alive # _____ years
7. Birth date of deceased Oct. 9 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business " " "

12. Name August Kramer

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

14. Maiden name Annie K. Flair

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

16. (a) Informant Mrs. Earl England

(b) Address Blackburn, Mo.

17. (a) Burial (b) Date thereof 5/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn Cemetery

18. (a) Signature of funeral director J. Leslie Surrency

(b) Address W. St. 222

19. (a) May 11 44 (b) Mrs. Orla Hoffmann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1944 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 1, 1943, to May 9, 1944
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema Duration 15 min
Due to auricular fibrillation yes
Due to hypertension yes

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95a
Of operations _____

Of autopsy _____

Duration

15 min

yes

yes

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, on farm, in industrial place, in public place? _____

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

23. Signature Paul Howell M.D. (M. D. or other)
Address Blackburn Mo. Date signed 5-9-44

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

NOT
O
1934

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..... *J. Leslie Sumner*
Licensed Embalmer No. *3235*
P. O. Address..... *Washburn, 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.