S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1945

Registration District No. 2 84

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5982

State File No. 21044

Registrar's No.

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: "Rural" Mooney 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk
(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: rt. 5, Bolivar
(If rural, give location)
(e) Citizen of foreign country? n (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bessie Doke
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 1 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	14	hr. min.

9. Birthplace: Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Jones
13. Birthplace: Polk County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Lou Hoover
15. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Earl Doke
(b) Address: Rt. 5 Bolivar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hope Cemetery
18. (a) Signature of funeral director: Hutcheson-Turpin
(b) Address: Bolivar, Mo.
19. (a) May 18-45 (Date received local registrar) (b) Estelle Benton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 15
year: 1945 hour: 5 minute: 15 P.M.
21. I hereby certify that I attended the deceased from March-26-, 1945 to May-15-, 1945
that I last saw h alive on May-10-, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Bronchiectasis	
Due to:	
Other conditions: Pulmonal insufficiency (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, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. ~~or other~~)
Address: [illegible] Date signed: 5-17-45

1210

(Licensed Embalmer's Statement on Reverse Side)

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. 3053

P. O. Address Bolivar, 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.