

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11968**  
**1558**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> |  | c. CITY OR TOWN <u>KANSAS CITY</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>31 YEARS</u>   |  | e. STREET ADDRESS (If rural, give location) <u>605 4621 TRACY AVENUE 3630</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4621 TRACY AVENUE</u>                               |  |   |   |

|   |                               |   |   |  |  |
|---|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>GEORGE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BOCKELMAN</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 1954</u> |  |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUG-4-1886</u>                        | 9. AGE (In years last birthday) <u>67</u>                                  | 10. IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>FOR SELF</u>                     |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>CHICAGO ILLINOIS</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                               |   |   |  |  |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>CHRISTOPHER BOCKELMAN</u> | 13b. MOTHER'S MAIDEN NAME <u>MARIE TIEMAN</u> | 14. NAME OF HUSBAND OR WIFE <u>KATHERINE A. BOCKELMAN</u> |
|---|---|---|

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|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>494-14-0689A</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. KATHERINE A. BOCKELMAN</u> ADDRESS <u>4621 TRACY KANSAS CITY MO.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Prostate</u> |  | <u>2 years</u>                                  |
|  | DUE TO (c) _____   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  | <u>177X</u>                                     |

|                                    |   |  |
|------------------------------------|---|--|
| 19a. DATE OF OPERATION <u>1953</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|---|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from March 1953, to April 5 1954, that I last saw the deceased alive on Feb 1954, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

|   |                                    |                                |
|---|------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>J. Zoller Mayer</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>609 Prof Bldg.</u> | 23c. DATE SIGNED <u>4-6-54</u> |
|---|------------------------------------|--------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>APR-7-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
|---|-----------------------------|--|---|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-7-54</u> | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u> |
|--|--|--|

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Robert E. Hanson*

Licensed Embalmer No. *588*

P. O. Address *K.P.M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.