REC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10144
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan. Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 282
(c) City St. Joseph. (d) Street No. 920 North 3rd St. St.
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John S. Hockman. 255
(a) Residence, No. 920 North 3rd St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Hockman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 11, 1862.

7. AGE: Years 75 | Months 4 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Garage Owner (Ret
9. Industry or business in which work was done, as saw mill, bank, etc.: Garage
10. Date deceased last worked at this occupation (month and year): 1930.
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry County Missouri.

FATHER
13. NAME: John Hockman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Pennsylvania.

MOTHER
15. MAIDEN NAME: Mary E. James.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Tennessee.

17. INFORMANT: Mrs Viola Hockman.
(ADDRESS) 920 North 3rd St.

18. BURIAL, CREMATION, OR REMOVAL: King Hill Cemt
PLACE St. Joseph, Mo. DATE March 8, 1938

19. FUNERAL DIRECTOR: H. O. Sidenfaden & Son.
(ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED March 7, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to March 5, 1938
I last saw him alive on March 5, 1938. Death is said to have occurred on the date stated above, at 6:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
Post Operation (Bilateral vasectomy)	One month
137.	

Other contributory causes of importance:
Arteriosclerosis 3 yrs
Hypertrophied Prostate
VASECTOMY.

Name of operation Bilateral vasectomy Feb 15
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles H. Werner, M. D.
(Address) 321 Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Albert C. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my-self

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Albert C. Harrington

Licensed Embalmer No. 3258.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)