

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 112

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(c) Name of hospital or institution: HOCKADAY HILL 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Augustus Hockaday
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Bailey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT 24 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 24 If less than one day hr. _____ min. _____

9. Birthplace FULTON MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BANKER

11. Industry or business _____

MOTHER FATHER
12. Name John A. Hockaday
13. Birthplace FULTON MO.
(City, town, or county) (State or foreign country)
14. Maiden name Edith Cox
15. Birthplace VICKSBURG MISSI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mary Hockaday
(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof Apr. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Fulton

18. (a) Signature of funeral director Wm. J. Maupin
(b) Address 700 Cent St Fulton, Mo.

19. (a) April 18, 1940 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. HOCKADAY HILL
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18
year 1940 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from Dec 25
1938 to April 18, 1940
that I last saw him alive on April 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to arteriosclerosis
Due to _____
Other conditions g4
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy NO
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?
1010 While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature R. N. Crews (M. D. or other) _____
Address Fulton Date signed 4/18/40

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

16-511-1-10131

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John D. Batchelder....., Registered Apprentice No. *192*
working under my personal supervision.

Signed.....

Glen Y. Mauhin
Licensed Embalmer No. *2425*

P. O. Address *Fulton, 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, above space should be left blank.