

STANDARD CERTIFICATE OF DEATH

State File No. 34744

Registration District No. _____

Primary Registration District No. 5080

Registrar's No. 6

FILED NOV 19 1940

1. PLACE OF DEATH:
 (a) County BATES
 (b) City or town South Drexel, West Boone Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
AT HOME 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Does not apply.
(Specify whether years, months or days)
 In this community 17 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Bates.
 (c) City or town South Drexel, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. West Boone Township.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY JANE HOCKER
 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 Samuel Hocker. 6. (c) Age of husband or wife if alive Dead. years
 7. Birth date of deceased JUNE 10 1853.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 8 _____ hr. _____ min.

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

10. Usual occupation Household Duties.

11. Industry or business At Home.

MOTHER FATHER
 { 12. Name Peter Masterson.
 { 13. Birthplace Ireland.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Sarah Jackson.
 { 15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Ziegler
 (b) Address Drexel, Missouri

17. (a) Burial. (b) Date thereof 10/20/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial Sharon Cemetery.

18. (a) Signature of funeral director [Signature]
 (b) Address Drexel, Missouri

19. (a) 10/19/40. (b) Mrs. Will Tucker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 18th
 year 1940. hour // minute A.M.

21. I hereby certify that I attended the deceased from Sept. 9th, 1940 to Oct. 18th, 1940
 that I last saw her alive on October, 18th., 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach. Duration 1 yr.

Due to _____

Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: None.
 Of operations None.
 Of autopsy None.
 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? 55
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Provo L Payne (M. D. [Signature])
 Address DREXEL MISSOURI. Date signed 10-18-40

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

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.



RECEIVED

District Health Officer No. 7,

District File Number 11-40-1070

Date Filed 11-18-40

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 Personal
....., Registered Apprentice No.
~~working under my personal supervision.~~

Signed [Signature]
Licensed Embalmer No. 1950
P. O. Address Stapel-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.