

Registration District No. 907

Primary Registration District No. 6220

I. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MANSEFIELD, RURAL PLEASANT VALLEY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 30 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114  
(c) City or town MANSEFIELD - RURAL 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NAROLD ACIE HOKK

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 WILMA HOKK 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased SEPT. 2 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 5 26 hr. min.

9. Birthplace WEST PHALIA KANS.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WALD HOKK  
18. Birthplace \_\_\_\_\_ KANS.  
(City, town, or county) (State or foreign country)  
14. Maiden name REBECCA SHIPLEY  
15. Birthplace \_\_\_\_\_ KANS.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilma Hork

(b) Address MANSEFIELD MO

17. (a) REMOVAL (b) Date thereof MAY 1941  
(Burial, cremation, or removal) Waverley (Month) (Day) (Year)

(c) Place: burial or cremation WEST PHALIA KANS.

18. (a) Signature of funeral director G. A. Steffe

(b) Address MANSEFIELD MO

19. (a) Feb. 28, 1941 (b) J. M. D. Shart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 28  
year 1941 hour 1 minute 50 A M.

21. I hereby certify that I attended the deceased from FEB 17  
1941 to FEB 27, 1941;  
that I last saw him alive on FEB 27, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Later Pneumonia Duration 11 days

Due to Influenza

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 72W

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? \_\_\_\_\_

While at work? 8 29 (Specify type of place) 9  
(2) Means of injury \_\_\_\_\_

23. Signature W. A. Zimmerman (M. D. or other) D.O.  
Address Mansefield Mo Date signed 2/28/41

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

400

FILED MAR 17 1941 907

RECEIVED

District Health Officer No. 6

District File Number

341-394

Date Filed

MAR 7 1941

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. 3221

working under my personal supervision.

Signed

J. A. Steffe

Licensed Embalmer No.

3221

P. O. Address

Mansfield, 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 this body is not embalmed, above space should be left blank.