

No. 2  
1-13-40  
-17-39  
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13654**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1635**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3128 Washington Street /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 years**  
(Specify whether years, months or days)

In this community **60 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Maud Aleen Hockaday**

3. (b) If veteran, name war. **No**

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 **Alfred Hockaday**

6. (c) Age of husband or wife if alive **30, 1872**  
(Month) (Day) (Year)

7. Birth date of deceased **April 30, 1872**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>68</b>	<b>11</b>	<b>25</b>	hr. min.

9. Birthplace **Detroit, Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER

12. Name **Theodore E. Phillips**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Isabella McCollough**

15. Birthplace **Canada**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard A. Hockaday**

(b) Address **3128 Washington St.**

17. (a) **Burial** (b) Date thereof **4-28-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) **Apr 25 1941** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3128 Washington Street**  
(If rural, give location)

(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25th**  
year **1941** hour **4** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Aug 3**  
**1922** to **Apr. 25**, 19**41**.

that I last saw him alive on **Apr. 24**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** **6 da.**

Due to **hypertension**

Due to **cerebral arteriosclerosis**

Other conditions **151**

(Include pregnancy within 3 months of death)

Major findings: **no operation** **131**

Of operations

Of autopsy **no 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?

(Specify type of place)

While at work? (a) Means of injury **0**

23. Signature **Hubert W. Walker** (M. D. or other)

Address **1124 Poplar St. St. Louis** Date signed **4/27/41**

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

*Prof. Bely*

*11:00 to 12:00*

*1:00 to 3:45*

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**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. ....

working under my personal supervision.

Signed *Clarence H. Childs*

Licensed Embalmer No. *3473*

P. O. Address *76 E. Mead*

**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, fact should be so stated above:**