

Registration District No. 334

Primary Registration District No. 5466

Registrar's No. 43

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME JOHN WESLEY HALLOCK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 6 (Month) 14 (Day) 1871 (Year)

8. AGE: Years 70 Months 0 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace HARRISON COY (City, town, or county) Mo. (State or foreign country)

10. Usual occupation FARMING

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

MOTHER FATHER 12. Name URIAH HALLOCK

13. Birthplace NEW HAMPSHIRE (City, town, or county) (State or foreign country)

14. Maiden name ELECTA FULLER

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

16. (a) Informant Rose Hallock

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 7/15/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DALE CEMETERY

18. (a) Signature of funeral director S.M. Hoss

(b) Address Bethany, Mo.

19. (a) 7/21/41 (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

303 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from on July 13, 1941 and found him dead that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Disease of Coronary Arteries

Due to \_\_\_\_\_  
Other conditions 94 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy none

Duration \_\_\_\_\_  
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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.F. Boyles (M. D. or other) \_\_\_\_\_  
Address Bethany, Mo. Date signed 7/19/41

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

**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.....

*Thornton H. Kass*

Licensed Embalmer No. *2861*

P. O. Address.....

*Bethany, 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, fact should be so stated above.**