

FILED DEC 10 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 1091

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Nursing Home North 2nd  
(Not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 months  
(Specify whether years, months or days)  
In this community 40 years

3. (a) PRINT FULL NAME Sidney L. Mock

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 23 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Seneca County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Carpenter

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

12. Name Unknown Mock

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

14. Maiden name Unknown

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

16. (a) Informant Ethel Bernice Little

(b) Address 2015 Union St

17. (a) Burial (b) Date thereof 11-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Easton Mo

18. (a) Signature of funeral director Jerry Barnum

(b) Address 218 North 10th St, Hann

19. (a) Nov. 13 1941 (b) W. H. Nestlebusch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1823 West  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1941 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 8  
1941, to Nov 8 1941;  
that I last saw him alive on Nov 8 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac Insufficiency Post  
myocardia degeneration  
Due to \_\_\_\_\_  
Senile Dementia Post  
Due to \_\_\_\_\_

Duration  
Known

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

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

23. Signature Charles H. Harmer M.D.  
Address 22 Kirkpatrick Bldg, Hann

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.....

*Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address. *St Joseph 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.**