No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29955

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 259

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 3 days + 17 da (Specify whether
In this community 1 yr 3 mo - 17
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14 Franklin Co
(a) State Mo (b) County ~~Calloway~~
(c) City or town Pacific 2
(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.? 0 years.

3. (a) PRINT FULL NAME Louisa Hock

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife August Hock

6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased March (Month) 23 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
87	4	10	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name DK
13. Birthplace DK (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Hospital Records.
(b) Address State Hospital # 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 17, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Glen Y. Marpin
(b) Address 700 Court St. Fulton, Mo.

19. (a) 8-17-42 (Date received local registrar) (b) Josie Morsenkloff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 7, 1942 to Aug 17, 1942
that I last saw her alive on Aug 16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchio Pneumonia.	10 days
Due to Myocarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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? (e) Means of injury

23. Signature Geo W Reeves (M. D. or other)
Address State Hospital No 1 Date signed 8-17-42

(Licensed Embalmer's Statement on Reverse Side)

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 Glen Y. Marpin

Licensed Embalmer No. 2425

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.