DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30644

Registration District No. 167 Primary Registration District No. 5607 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Johnson (Kingsville Twp)
(b) City or town Route #1, Kingsville.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / not hospitalized
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles North of Kingsville, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME LILLIAN MAE DOCK

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female / 5. Color or race cauc / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joe Dock

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 13 (Month) 1886 (Day) (Year)

8. AGE: Years 56 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Nebraska / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER
12. Name William Coats Young
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name Sarah Francis McClung
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Joe Dock
(b) Address Route #1, Kingsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bluff Springs Cem.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) Sept. 28 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1942 hour 3;35 minute A M.

21. I hereby certify that I attended the deceased from June 4, 1938, to Sept 27, 1942 that I last saw her alive on Sept 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis c̄ Cavitation — Duration

Due to

Due to

Other conditions Enteric Tuberculosis
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo. Date signed 9/28/42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
[illegible] Officer No. 8,
Dis[illegible] File Number
Date Filed 10-9-42

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.

. S. No. 2B
0M—8-21-41
I X29288

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

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30644

Registration District No. 167 Primary Registration District No. 5607 Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Rural
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Lillian Mae Dock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife

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

7. Birth date of deceased: Mar 13 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days If less than one day hr. min.

9. Birthplace: Neb
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Mrs Frank Morrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 7 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY