

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39895

State File No.

FILED DEC 18 1942
1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4557

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:
Conley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr.
(Specify whether
In this community 7 yr.
years, months or days)

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. 2742 Belleview
(If rural, give location)
(e) Citizen of foreign country? America (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Marie Amac. Ochoco

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

4. Sex Female 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 Aug 5 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 4 0 hr. min.

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

10. Usual occupation student

11. Industry or business.....

12. Name Francis Ochoco

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

14. Maiden name Marie Catherine Wright

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

16. (a) Informant Mrs Le Roy Blatter

(b) Address 2742 Belleview Ave. K.C. Mo.

17. (a) Burial (b) Date thereof 12-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary 12-9-42

18. (a) Signature of funeral director Walburg N. Hoge

(b) Address Overland Park Kansas

19. (a) 12-8-42 (b) M. M. Croner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 11 hour 35 minute..... P.M.

21. I hereby certify that I attended the deceased from Oct 12 P.M.
1942 to Dec 5 1942
that I last saw her alive on Dec 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Shock & collapse or possible embolism of brain or coronary
Duration 5 hrs
Due to tonsillotomy performed at 9:30 am Dec 5-42

Due to.....
1150
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy no consent

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 J. Harris E. Schorn (M. D. or other) Dr.
Address 243 Warby Bldg Kansas City Mo Date signed 12-8-42

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

MOTHER FATHER

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

J. S. Walton

Licensed Embalmer No.

2744

P. O. Address

K.C. 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.