

LED JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2436

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C., Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mercy Hospital (Children's)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks - 5 days
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL.")
(d) Street No. 2421 Agnes, K.C., Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME Sharon Lou Hockaday

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

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: June 18 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 11 19 hr. min.

9. Birthplace: Kansas City Missouri
(City, town, or county) (State or foreign country)
none

10. Usual occupation Child

11. Industry or business Child

12. Name Charles Hockaday

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

14. Maiden name Lethalazell

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

16. (a) Informant Mildred Hazell

(b) Address 3810 Garfield

17. (a) Burial (b) Date whereof May 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-28-43 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 h. 12
year 1943 hour 05 minute 0 A. M.

21. I hereby certify that I attended the deceased from 5-8-'43
19 5-27 to 1943

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Barbiturate toxicity
Little's Disease

Due to 87E

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy -----

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?
(Specify type of place)

While at work? (e) Means of injury -----

23. Signature H. M. Crowe (M. D. or other)

Address 1624 Prof. Bldg. Date signed 5-27-43

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..... *C. Hervey Quisenberry*.....
Licensed Embalmer No..... *4070*.....
P. O. Address..... *R.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.