

LEC SEP 11 1943

Registration District No. 2

Primary Registration District No. 1000

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

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 Meth Hospital
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 1212 Fred Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALLEN-M-HOCKADAY

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 9:30 minute P. M.

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced single

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

21. I hereby certify that I attended the deceased from July 26, 1943, to July 27, 1943 that I last saw him alive on July 27, 1943 and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 19 1943
(Month) (Day) (Year)

Immediate cause of death Congenital Syphilis Duration 37da

Due to Maternal active care

8. AGE: Years 0 Months 6 Days 8 If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 302

9. Birthplace St Joseph Mo 0
(City, town, or county) (State or foreign country)

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Abol

11. Industry or business _____

12. Name Henry E. Hockaday

13. Birthplace Kansas 1
(City, town or county) (State or foreign country)

14. Maiden name Willa Quinlan

15. Birthplace St Joseph Mo 0
(City, town or county) (State or foreign country)

16. (a) Informant Henry E. Hockaday

(b) Address 1712 Greenwood

17. (a) _____ (b) Date thereof July 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Ray Stoney

(b) Address St Joseph Mo

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. Roger Moore (M. D. or other) MD

Address St Joseph, Mo Date signed 7/28/43

19. (a) 7-28-43 (b) W. Roger Moore
(Date received local registrar) (Registrar's signature)

1233

W. Moore
Keokuk Pa.
110

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.....

John Roy Stamer

Licensed Embalmer No. *2435*

P. O. Address *Keokuk Pa.*

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.