

2  
-5-43  
17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10445**  
Registrar's No. **3405**

FILED APR 10 1944

Registration District No. **1000** Primary Registration District No. **1000**

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:  
2018 Francis St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Viola Ellen Hockman  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb 22, 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Hagerstown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife  
11. Industry or business home

MOTHER FATHER  
12. Name George W. Lucas  
13. Birthplace Bowling Green Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Angeline Bedwell  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith E. Heater  
(b) Address 1211 N 2nd St, St. Joseph, Mo

17. (a) Burial (b) Date thereof 3-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Barry Funeral Home  
(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 3-21-44 (b) Rae Hickey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1211 N 2nd St  
(If rural, give location) no  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1944 hour 7 minute 10 A M.  
21. I hereby certify that I attended the deceased from March 6, 1944 to March 18, 1944  
that I last saw him alive on March 18, 1944  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death Cerebral Thrombosis 2 weeks  
Due to arteriosclerosis 79 yrs  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) ✓  
Major findings: ✓  
Of operations ✓  
Of autopsy ✓  
PHYSICIAN JBL  
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? ✓ (Specify type of place) \_\_\_\_\_  
Means of injury no  
23. Charles B. Werner (M. D. or other) no  
Address 221 Kirkpatrick Bldg St. Joseph, Mo. Date signed 3-21-1944

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

1233

**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 *Mollie E. Sideyaden*

Licensed Embalmer No. *4235*

P. O. Address *St Joseph, 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.**