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20566
1944

FILED JUL 8 1944

State File No.

2677

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Overland Park
(If outside city or town limits, write "RURAL")
(d) Street No. 7926 Proctor
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 2

3. (a) PRINTED FULL NAME Howard Henry Docker

3. (b) If veteran, name war no 3. (c) Social Security No. 486-05-4277

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Heppie Docker 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 26 1887
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>57</u> | <u>1</u> | <u>29</u> | hr. min. |

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

10. Usual occupation Collector

11. Industry or business Kansas City Star

12. Name Alfred Docker

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Heppie Docker

(b) Address Overland Park Kansas

17. (a) Burial (b) Date thereof 6-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Wilbur N. Sage

(b) Address Overland Park Kansas

19. (a) 6-27-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 12:40 minute P M.

21. I hereby certify that I attended the deceased from June 21
1944 to June 25 1944

that I last saw him alive on June 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrillation
Duration 1 Minute

Due to Coronary Occlusion

Due to 5

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations

Of autopsy

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? (c) Means of injury MV

23. Signature T. E. Brown (M. D. or other) M.D.

Address 100 7th Date signed 6-27-44

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 F. S. Walters

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.