

FILED JUN 29 1944

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2486

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:
Cresthaven Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months 4
(Specify whether
In this community Four years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6328 Baltimore Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME CATHERINE ELIZABETH HOCKETT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Asbury L. Hockett 6. (c) Age of husband or wife if alive 29th years
7. Birth date of deceased October 29th 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Grundy County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John B. Hilsaback
13. Birthplace No. Car.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ferguson
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Hockett
(b) Address 6328 Baltimore Avenue

17. (a) Burial (b) Date thereof 6/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) 6-12-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1944 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 26-43
1943 to June 10 1944
that I last saw her alive on June 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction 3 days
Senility -
arteriosclerosis 5 yrs
chronic myocarditis 5 yrs.

Other conditions no m. o.
(Include pregnancy within 3 months of death)

Major findings: Of operations 93 d.
Of autopsy none

Duration
3 days
5 yrs
5 yrs.
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) no
(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) (b) Means of injury M.D

23. Signature Leo A. O'Brien (M. D. or other) M.D
Address 1002 W. 4th St. K.C. Mo. Date signed 6-12-44

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.