V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 449

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23739

Primary Registration District No. 1002

Registrar's No. 3164

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: 6328 Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether)
In this community: 38 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: 6328 Baltimore 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Kansas City 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ADRIAN L. HOCKETT
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No. 486-07-6188
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Julia E. Hockett
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: February (Month) 23rd (Day) 1880 (Year)
8. AGE: Years 64 Months 5 Days 7 If less than one day ___ hr. ___ min.
9. Birthplace: Manning, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Jeweler
11. Industry or business: A. L. Hockett, Jeweler.
FATHER
12. Name: Asbury L. Hockett
13. Birthplace: Henry County, (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name: Catherine E. Hilsabach
15. Birthplace: Marshaltown, (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Mrs. Julia E. Hockett
(b) Address: 6328 Baltimore Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 42nd St., K.C., Mo.
19. (a) 8-2-44 (Date received local registrar) (b) N. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 11:00 minute 45 M.
21. I hereby certify that I attended the deceased from July 5, 1944 to July 29, 1944 that I last saw him alive on July 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Occlusion — Duration
Due to: Acute Indigestion
Due to:
Other conditions (Include pregnancy within 3 months of death): 942
Major findings:
Of operations:
Of autopsy:

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: Dr. Ernest H. Mason (M.D. or other) D.O.
Address: 121 W. 63rd, Kansas City Mo. Date signed July 30, 1944

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1921

## 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 Elmore E. Freeman

Licensed Embalmer No. 481

P. O. Address.....

**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.**