

FILED NOV 24 1944
Registration District No.

Primary Registration District No. **1002**

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:
1115 E. 34th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **20 years**
years, months or days)

3. (a) PRINT FULL NAME **Henry Stuart Bockes**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **499-16-2044**

4. Sex **Male** 0 | 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Rose Bockes**
6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **May 17th 1902**
(Month) (Day) (Year)

8. AGE: Years **42** Months **5** Days **22**
If less than one day
hr. min.

9. Birthplace **Duncan Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman, Standard Rendering Co.**

11. Industry or business

MOTHER FATHER {
12. Name **Harry Stuart Bockes Bockes**
13. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)
14. Maiden name **Grace Anderson**
15. Birthplace **Wisc.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Bockes Bockes**
(b) Address **1115 East 34th st. Kansas City**

17. (a) **Burial** (b) Date thereof **Nov. 11-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Memorial Park**

18. (a) Signature of funeral director **Mrs. C.L. Forster**
(b) Address **918 Brooklyn, Kansas City, Mo.**

19. (a) **11-11-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City, Mo.** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1115 East 34th st.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **9**
year **1944** hour minute M.

21. I hereby certify that I attended the deceased from **19**,
that I last saw him alive **Deputy Coroner**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**
Due to

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

Major findings:
Of operations
Of autopsy **See Above**
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 **A. E. Usenero** (M. D. or other)
Address **23 Meloy** Date signed **11/11/44**

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

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 Wm K. Jackson

Licensed Embalmer No. 3954

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.