

Registration District No. _____ Primary Registration District No. **3008**

1. PLACE OF DEATH: *Callaway*
 (a) County *Callaway*
 (b) City or town *Fulton*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *814 Bluff*
 (If not in hospital or institution, write street number or location) *1*
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State *MISSOURI* (b) County *CALLAWAY*
 (c) City or town *FULTON*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *814 BLUFF*
 (If rural, give location)
 (e) Citizen of foreign country? *No* (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME *WATSON PALMER HOCKENSMITH*

3. (b) If veteran, name war *✓* 3. (c) Social Security No. *✓*

4. Sex *MALE* 5. Color or race *WHITE* 6. (a) Single, widowed, married, divorced *SINGLE*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Oct 8 1878*
 (Month) (Day) (Year)

8. AGE: Years *66* Months *0* Days *7* If less than one day _____ hr. _____ min.

9. Birthplace *Columbia Mo*
 (City, town, or county) (State or foreign country)

10. Usual occupation *BOOK KEEPER*

11. Industry or business _____

MOTHER { 12. Name *NEWTON HOCKENSMITH*

13. Birthplace *etc*
 (City, town, or county) (State or foreign country)

14. Maiden name *Virginia WATSON*

15. Birthplace *Fulton Mo*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Newton HOCKENSMITH*

(b) Address *Fulton, MO*

17. (a) *BURIAL* (b) Date thereof *Oct 17 1944*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *HILL-CREST*

18. (a) Signature of funeral director *Jen Y. Marpin*

(b) Address *712 Court St. Fulton, Mo.*

19. (a) *10-17-1944* (b) *Joie Mossackhoff*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *10* day *14* October
 year *1944* hour *3* minute *15* P.M.

21. I hereby certify that I attended the deceased from _____ 19. to _____ 19.;

that I last saw him alive on _____ 19. and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to *Diagnosed heart condition*

Due to *heart condition treated by physician for a long time*

Other conditions *It seems to be a clear case of atherosclerosis and heart failure leading to myocardial infarction*

Major findings: Of operations _____

Of autopsy *830*

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? *No injury*

While at work? (Specify type of place) (e) Means of injury _____

23. Signature *M. J. Starrett* (M. D. or other) _____
 Address *Fulton, Mo.* Date signed *10/17/44*

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

JUL 20 1948

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-17-44

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 Glen Y. Mauhin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.