

FILED SEP 19 1945

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town K. C.
 (c) Name of hospital or institution:
 1900 Kensington
 (d) Length of stay: In hospital or institution 67 Years
 In this community 67 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson 48
 (c) City or town K. C. 2
 (d) Street No. 1900 Kensington 8
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Emma Hockett
 3. (b) If veteran, name war no
 3. (c) Social Security No. None

4. Sex Fe. / 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph J. Hockett
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 8, 1850

8. AGE:	Years	Months	Days	If less than one day
	94	9	14	_____ hr. _____ min.

9. Birthplace London England 4
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
 12. Name John Hanwell
 13. Birthplace England 4
 14. Maiden name Unknown
 15. Birthplace England 4

16. (a) Informant H. T. Hockett
 (b) Address 828 Ash

17. (a) Burial (b) Date thereof Aug. 25, 1945
 (c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director
 (b) Address 2825 Independence Blvd.
 19. (a) 8-24-45 (b) Heraldine Holme

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 22 day August
 year 1945 hour 4 minute 15 P.M.
 21. I hereby certify that I attended the deceased from August 2, 1945 to August 22, 1945
 that I last saw her alive on August 18, 1945 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Hemorrhage
 + Hemiplegia

Due to arteriosclerosis 2 yrs

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations 830
 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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature John G. Lapp (M. D. or other) M.D.
 Address 1314 Professional Bldg. Date signed Aug 23 1945

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

Ernest Williams
1314

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 *W. D. Blackman*

Licensed Embalmer No. 3639

P. O. Address Kansas City 1, 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.