

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1620**
Registrar's No. **473**

FILED FEB 11 1946

Registration District No. **179** Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3023 Spruce /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX**
20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FLOYD A. MOCK**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **495-07-8594**

4. Sex **Ma** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charlotte Mock**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **December 12 1901**
(Month) (Day) (Year)

8. AGE: Years **44** Months **1** Days **17**
If less than one day hr. min.

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

10. Usual occupation **Retired Employee**

11. Industry or business **North American**

MOTHER FATHER { 12. Name **Edward Mock**

{ 13. Birthplace **Illinois /**

{ 14. Maiden name **Carrie Bales** (State or foreign country)

{ 15. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charlotte Mock**

(b) Address **3023 Spruce**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-31-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Rich Hill, Mo.**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **1-29-46** (Date received local registrar) (b) **Geralline Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson #2**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **3023 Spruce** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **29**
year **1946** hour **2:** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **1936**
Jan 29 19 **46**
that I last saw him alive on **Jan 21** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Complete cardiac and respiratory failure**
Due to **Chronic parenchymatous nephritis and**
Due to **Diabetes mellitus**

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

Major findings: **(6)**

Of operations

Of autopsy

Duration

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?

23. Signature **Chas. H. Curry** (M.D. or other) **2** **D.O.**

Address **609 Chambers Bldg** Date signed **1-29-46**

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

1145

Handwritten
HA 2515

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 *Alvin R. Hauschild*
Licensed Embalmer No. *4159*
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.