

Registration District No. 196

Primary Registration District No. 4308

Registrar's No. 16

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town McDonald
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town McDonald
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George W. Mock

3. (b) If veteran,

name was George W. Mock

3. (c) Social Security

No. _____

4. Sex

MO

5. Color or

race W

6. (a) Single, widowed, married,

divorced Not known

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Not known
(Month) (Day) (Year)

8. AGE:

Years about 74 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace

Not known (City, town, or county) (State or foreign country)

10. Usual occupation

None listed

11. Industry or business

MOTHER FATHER

12. Name

Not known

13. Birthplace

Not known (City, town, or county) (State or foreign country)

14. Maiden name

Not known

15. Birthplace

Not known (City, town, or county) (State or foreign country)

16. (a) Informant

Funeral Director

(b) Address

Not known

17. (a)

Burial (b) Date thereof Aug 4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Not known

18. (a) Signature of funeral director

Not known

(b) Address

Wheaton Mo

19. (a)

Nov. 6, '46 (b) Pearl R. Stamber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1946 hour _____ minute _____ 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

Coronary Occlusion

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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? _____

While at work? _____

(Specify type of place)

(c) Means of injury _____

23. Signature P. M. Stamber (M. D. or other)
Address Wheaton, Mo Date signed 11-46

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

District Health Officer No. 8;
District File Number 1146-1124
Date Filed NOV. 12 1946

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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 Mayne E. Humphrey
Licensed Embalmer No. 4262
P. O. Address Parisville, N

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.

Registration District No. 196 Primary Registration District No. 4308

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(b) City or town nael
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME George W. Mock
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced not known
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased n.k
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
att 76 hr. min.
9. Birthplace n.k
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

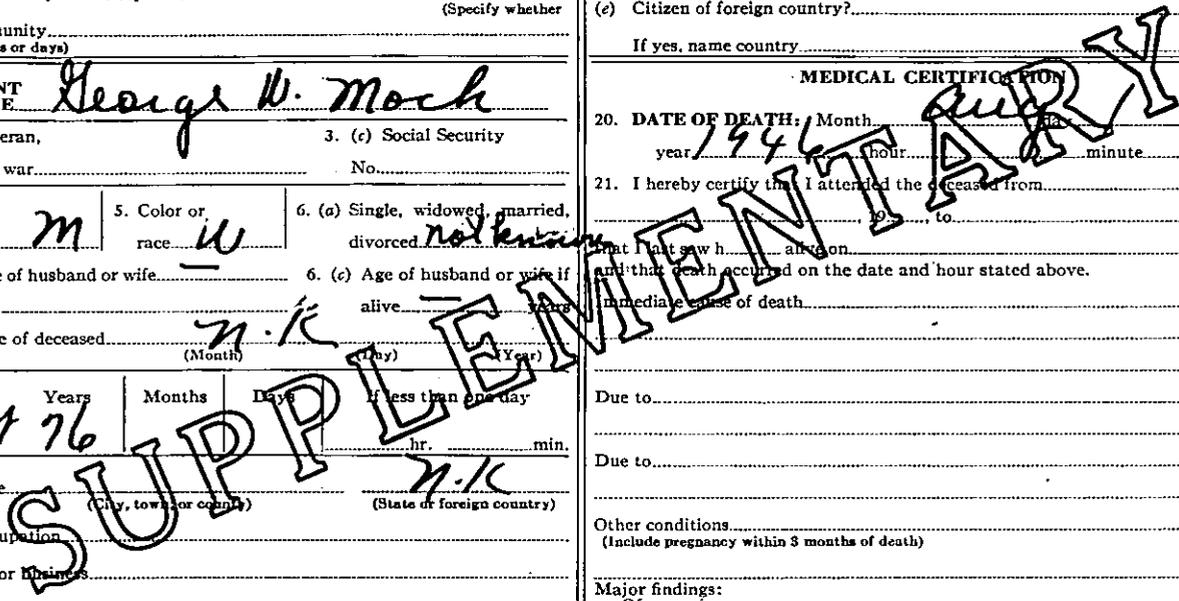
2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
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Immediate cause of death _____
Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____



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

MOTHER FATHER

34120