

FILED FEB 24 1947

Registration District 1000 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1502 No. 18th Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 60 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1502 No. 18th Street.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Christian Moeck
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Miltilda Moeck 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased March 20, 1876
 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Tahliem Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Grading contractor

11. Industry or business Self

12. Name Mathias Moeck

13. Birthplace Tahliem Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Marie Betz

15. Birthplace Tahliem Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Miltilda Moeck

(b) Address 1502 No. 18th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Febr. 7, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Heierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-13-47 (b) W. L. Jenkins
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
 year 1947 hour 4 minute 00 A. M.
 21. I hereby certify that I attended the deceased from Jan 1 - 47
 _____, 19____ to Feb 5, 1947.
 that I last saw him alive on Feb 4, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to unknown

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

Major findings:
 Of operations 94A
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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 H. W. Kearly M.D. (M. D. or other)
 Address St. Joseph Mo. Date signed 2-5-47

Duration 20 min
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *Albert C. Harrington*.....
Licensed Embalmer No..... 3258 Missouri.....
P. O. Address..... St. Joseph, 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.