S. No. 2
M—8-43
. 5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 226

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7534

Primary Registration District No. 4482

Registrar's No. 13

1. PLACE OF DEATH:

(a) County SCOTLAND

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

(c) Name of hospital or institution: 331 N. LINCOLN ST 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County FULTON 999

(c) City or town RURAL 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME MRS. HULDAH JOCKISCH

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) ~~Single,~~ widowed, ~~married,~~ ~~divorced~~ WIDOWED 2

6. (b) Name of husband or wife WESLEY JOCKISCH

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

7. Birth date of deceased JANUARY 1 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	12	..... hr. ..... min.

9. Birthplace HAVANA ILLINOIS 1
(City, town, or county) MASON COUNTY (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name ANDREW M. LARSON 4
13. Birthplace ..... SWEDEN 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name REBECCA PETERSON LARSON
15. Birthplace ..... SWEDEN 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. WALLACE HAYES

(b) Address MEMPHIS MISSOURI

17. (a) FEB. 14, 1947 (b) Date thereof Feb 14-47
~~(Burial, cremation, or removal)~~ Removal (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ HESTEN CEMETARY HAVANA ILLINOIS

18. (a) Signature of funeral director Gertha Baskett

(b) Address Memphis Mo

19. (a) Feb 19-1947 (b) Mrs. E. E. Parrish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 12
year 1947 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from Jan 25, 1947, to Feb 12, 1947
that I last saw her alive on Feb 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to Chronic Interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

B1A

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. W. Keethler (M. D. or other) 2-13-47

Address Memphis Mo Date signed

296 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-416
Date Filed MAR-1-1-1947

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 Gerth

Licensed Embalmer No. 7257

P. O. Address Memphis 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.