S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31430

FILED OCT 11 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4174

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3241 Flora Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3241 Flora Avenue 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Mary SCHOCKEY
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Frank Schockey
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 4, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	0	27	hr. min.

9. Birthplace: Pittsburgh, Pa. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
FATHER
12. Name: Katachen Nester
13. Birthplace: Unknown Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Harp
15. Birthplace: Unknown Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Clara Gilchrist
(b) Address: 3241 Flora, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 10-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1947 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 14, 1947 to Oct 1 1947 that I last saw her alive on Oct 1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	1 day
Due to: Generalized & Coronary Arteriosclerosis	1 yr.
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None 93d	
Of autopsy: None	

PHYSICIAN
Underline the cause of 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 0
23. Signature: [signature] Lady MD (M. D. or other)
Address: 243 Plaza Med Bldg KCL Mo Date signed 10/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

R. R. J. Boody

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 Thomas J. Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2999

P. O. Address [illegible]

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.