

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

FILED AUG 5 1948

Registration District No. 47

Primary Registration District No. 3005

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
East Side Cleaners 410 Market
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Most of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 814 Bluff
(If rural, give location)
No

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

3. (a) PRINT FULL NAME Newton HOCKENSMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 12, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 15 If less than one day
hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour _____ minute 00 M.

21. I hereby certify that I attended the deceased from April 48 to Death 19 48
that I last saw him alive on June 29 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 10 min

Due to Arterial Hypertension ?

Due to _____

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Drycleaning

11. Industry or business _____

12. Name Newton Hockensmith

13. Birthplace DK Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eugenia Ann Watson

15. Birthplace Callaway Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frances M. Rootes

(b) Address 315 W. 7th., Fulton, Mo.

17. (a) Burial (b) Date thereof 7/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Glen Y. Mansin
712 Court St., Fulton, Mo.

(b) Address _____

19. (a) 7-29-1948 (b) Joan Morant
(Date received local registrar) (Registrar's signature)

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)
(Specify means of injury)

23. Signature John J. Brown M. D. or other _____
Fulton Date signed 7-29-48

District File Number AUG 2 1948
Date Filed

RECEIVED
District Health Officer No. 9,

JUL 20 1948

AUG 17 1948

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.....

Theodore Skinner Jr.

Registered Apprentice No. *555*

working under my personal supervision.

Signed *Glen Y. Mangin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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.