

S. No. 2
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v. 5-17-39
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39977

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 3 1949

Registration District No. _____ Primary Registration District No. 55513 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains Rural
(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 9 1/2 hrs. _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

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

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

3. (a) PRINT FULL NAME Kathy Jean Mock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: October 21-1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
9 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Stanley Ross Mock

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

14. Maiden name Helen Hatfield

15. Birthplace Howell County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Ross Mock

(b) Address West Plains, Mo.

17. (a) B (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson's

(b) Address West Plains, Mo.

19. (a) 12-21-48 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3:20 A.M.
10-21 1948 to 1:00 P.M. 10-21 1948
that I last saw her alive on 10-21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Premature birth from umbilical cord P

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy 159

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) (Means of injury)

23. Signature Dr. Thomas Hugh (M. D. or other) MD
Address West Plains Mo. Date signed 10/25/48

(Licensed Embalmer's Statement on Reverse Side)

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

46
0
0

RECEIVED 12-27-48
District Health Officer No. 5,
District File Number 12488.07
~~Date Filed 12-28-48~~

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.....

Licensed Embalmer No.....

P. O. Address.....

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.