

Registration District No. 71

Primary Registration District No. 5110A

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Walter Elmer Fockis

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lucy Fockis 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Sept 17 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 7 17 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Walter Fockis

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

14. Maiden name Elmer White

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

16. (a) Informant Elmer Fockis

(b) Address Ashtland Mo.

17. (a) Rural (b) Date thereof 12-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Liberty Tent

18. (a) Signature of funeral director Walter Fockis

(b) Address Ashtland Mo.

19. (a) Jan 3 1941 (b) Francis Nichols
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles East of Ashtland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1948 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from 12-4, 1948 to 12-4, 1948
that I last saw him alive on 12-1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis and Sudden

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

Major findings: _____
Of operations _____
Of autopsy none

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) (e) Means of injury _____

23. Signature H.B. Fryer (M. D. or other) _____
Address Ashtland Mo Date signed 1-6-49

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

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 Wm L Burnett

Licensed Embalmer No. 3564

P. O. Address Rockland, Md

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, above space should be left blank.