

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7345

Registration District No. 1476

Primary Registration District No. 5793

Registrar's No. 9

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town (RURAL) HAW CREEK
(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 _____ (Specify whether)
In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN
(c) City or town (RURAL) HAW CREEK
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 3,
year 1942 hour _____ minute 5 P.M.

21. I hereby certify that I attended the deceased from
Dec 15, 1941 to Mar 3, 1942
that I last saw him alive on Mar 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative heart disease
Due to unknown Duration unknown

Other conditions Hypertension unknown
(Include pregnancy within 6 months of death)

Major findings:
Of operations 938
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) _____ (e) Means of injury _____
23. Signature A J Gunn (M. D. or other) _____
Address Versailles, Mo Date signed 3-4-42

3. (a) PRINT FULL NAME CHARLES H. MOCK
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife BETTY COOPER MOCK 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased FEB 13 1868 (Month) (Day) (Year)

8. AGE: Years 83 Months - Days 18 If less than one day hr. _____ min.

9. Birthplace MORGAN Co. O Mo. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business RETIRED

MOTHER FATHER { 12. Name WILLIAM MOCK
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name NANCY L VY
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Betty Mock
(b) Address Elmsted, Mo.

17. (a) Burial (b) Date thereof 3/5/42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmsted Cemetery

18. (a) Signature of funeral director W J Gunn
(b) Address Versailles Mo

19. (a) March 9 1942 Henry Hesp (Date received local registrar) (Registrar's signature)

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

71000

1050

RECEIVED

District Health Officer No. 71

District File Number 3-42-239

Date Filed 3-12-42

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 *A. J. Kinell*

Licensed Embalmer No. 1596

P. O. Address *Wesley, 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.