V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20724

State File No. 348

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 611

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution State Hosp. #2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months (Specify whether

In this community 8 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 11 1

(c) City or town De Kalb 7 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roy LEE Mock

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased December 13th 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	9	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Ezekiel Mock
13. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Spers
15. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant R. C. Mock

(b) Address De Kalb, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (Month) (Day) (Year)

(c) Place burial or cremation De Kalb, Mo.

18. (a) Signature of funeral director Heaton Bell & Bowman

(b) Address 319 So. 10th Funeral Home

19. (a) 6-24-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 8 minute 2 0 P M.

21. I hereby certify that I attended the deceased from Oct 27, 1941, to June 22, 1942 that I last saw him alive on June 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	10 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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) None

(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

23. Signature David Edwards (M. D. or other) M.D.

Address St. Joseph, Mo. Date signed 6/22/42

1233

(Licensed Embalmer's Statement on Reverse Side)

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 6-22-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 314 So 10 St Joseph M

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.