

FILED SEP 15 1942

State File No.

Registration District No.

Primary Registration District No. 4049

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Crested
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Crested
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY ALICE MOCKBEE

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, widower

(b) Name of husband or wife J. D. Mockbee
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 16 1898

8. AGE: Years 84 Months 1 Days 21

9. Birthplace Boone Co Mo.

10. Usual occupation Housewife

MOTHER FATHER

12. Name Joseph Johnson
13. Birthplace Boone Co Mo.
14. Maiden name Getaway
15. Birthplace Boone Co Mo.

16. (a) Informant Mrs. J. D. Kellert
(b) Address Crested Mo

17. (a) Burial, cremation, or removal
(b) Date thereof 9-9-42

(c) Place: burial or cremation Hickory Hill Cemetery

18. (a) Signature of funeral director
(b) Address Crested Mo

19. (a) Date received by registrar 9-15-42
(b) Registrar's signature Chas. D. Wright

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1936 that I last saw her alive on Sept 6 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis C.V.R. Disease

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(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 Frank W. ... (M. D. or other)
Address Centralia Mo. Date signed 9-9-42

Duration

5 yrs. 10 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

1234

SEP 16 1942

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 *J. M. McDaniel*.....

Licensed Embalmer No. ~~200~~ *94313*.....

P. O. Address *Centerville 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.