

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JUN 12 1937

18914

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 125 E., 69th Terr.)

Registration District No. 899  
Primary Registration District No. 1002  
St. 2 Ward 1

File No. \_\_\_\_\_  
Registered No. 2153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Emma G. Hocker

(a) Residence, No. 125 E. 69 Terr. St. \_\_\_\_\_ Ward 1  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip S. Hocker

22. I HEREBY CERTIFY that I attended deceased from April 2, 1937 to May 5, 1937. I last saw her alive on May 5, 1937. Death is said to have occurred on the date stated above, at 10:45 A.M.. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18th, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 91 4 17

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Carcinoma Uterii  
Before

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

48  
Date of onset 1936

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flemingsburg Kentucky

13. NAME Elbert Givens

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

15. MAIDEN NAME Sarah Powell

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Jeanne Waite  
(ADDRESS) 125 E. 69th Terr.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Mo DATE May 6, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER D.W. Newcomer's Sons  
(ADDRESS) \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) D.W. Waite, M. D.  
(Address) 404 1/2 W. 75

20. FILED May 6, 1937 M.M. Crowe Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

404 W. 75