

REC'D MAR 9 1939

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

5567
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City or Kansas City (d) Street No. Childrens Mercy Hosp. Registered No. 766
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HAZEL BROCK

(a) Residence, No. RICHMOND MO. St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 11 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Regal, Mo
(STATE OR COUNTRY)

13. NAME Clara Brock

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

15. MAIDEN NAME Lebbie Gentry

16. BIRTHPLACE (CITY OR TOWN) Regal, Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Clara Brock
Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 7/22 1939

19. FUNERAL DIRECTOR (NAME) Kempfschroed and Co
(ADDRESS) Hardin, Mo

20. FILED 7/22 1939 M.M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1939 to 7-21 1939

I last saw her alive on 2-21 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Bronchopneumonia
with fibrosis
secondary pleurisy
acute glomerulonephritis
Other contributory causes hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

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)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gentry M. D.

(Address) 5017 W. 9th St.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.