JAN 12 1940

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

43031
Do not use this space.

1. PLACE OF DEATH
(a) County Cass 2 Registration District No. 157
(b) Township Big Creek 1 Primary Registration District No. 5222 Registered No. 41
(c) City ..... (d) Street No. ..... St.
(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 620 John Brock
(a) Residence, No. ..... St. ☐ .....
(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: Male
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) Nov 25 1870

7. AGE: YEARS 69 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Dec 25 - 1939
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

FATHER
13. NAME Joseph Brock C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

MOTHER
15. MAIDEN NAME Frances Craymile
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky -

17. INFORMANT (ADDRESS) Mis Annie Twyman Brooklyn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Independence Mo DATE Dec 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. Brownfield Pleasant Hill, Mo

20. FILED 12-26- 1939 Mrs. Etta M. Aldridge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1939, to Nov 11, 1939
I last saw him alive on Nov 11, 1939. Death is said to have occurred on the date stated above, at 7:30 A m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arteriosclerosis

Date of onset

Other contributory causes of importance: 93C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No
If so, specify .....
(Signed) C. W. Harding M. D.
(Address) Pleasant Hill, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, On Dec 26 1939, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed A W Brown Jr

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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, above space should be left blank.