

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25352

State File No. _____

EX-103 AUG 23 1940 396
Registration District No. _____

Primary Registration District No. 5552

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jackson *7th Osage 7.*
 (b) City or town Levasy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None *2*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community Fifty-one years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Levasy
(If outside city or town limit, write "RURAL")
 (d) Street No. None
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 72 years years.

3. (a) PRINT FULL NAME Simon H. Stock *320*
 (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 31st
 year 1940 hour 8:00 minute 15 P.M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 (b) Name of husband or wife Laura Stock
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased March 3 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 31st 1940, to July 31st 1940
 that I last saw him alive on July 30st 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 4 28 hr. min.

Immediate cause of death
Valvular insufficiency
 Due to arterio sclerosis
 Duration About 3 yrs.

9. Birthplace Lippe Detmold Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Other conditions 92 in
(Include pregnancy within 3 months of death)

11. Industry or business His own farm
 12. Name Frederick Stock
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Fosse
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Stock
 (b) Address Levasy, Missouri
 17. (a) Burial (b) Date thereof August 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Buckner Cem. Buckner
 18. (a) Signature of funeral director J. M. Reppert
 (b) Address Buckner, Missouri
 19. (a) Aug 2-1940 (b) John H. Robertson
(Date received local registrar) (Registrar's signature)

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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
No *258*
(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature R. B. Wattle (M. D. or other) 1740
 Address Willingham, Mo. Date signed _____

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

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