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W. King  
26513  
State File No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1250 N. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ✓ years.

8. (a) PRINT FULL NAME Alfred David Brock

3. (b) If veteran, name war No 8. (c) Social Security No. 491-05-9063

4. Sex Male 5. Color or race Bl. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lorene Brock 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased June 22 1913  
(Month) (Day) (Year)

8. AGE: Years 27 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Madison, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 9

12. Name David T. Brock 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Breda Miller  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mag. Lorene Brock  
(b) Address Nevada, Mo.

17. (a) Funeral Bureau Date thereof July 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Funeral Parlor

18. (a) Signature of funeral director Raymond Baran  
(b) Address Nevada, Mo.

19. (a) July 16 1940 (b) Allen E. Hoyle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 ch  
year 1940 hour 11:18 minute 4 M.

21. I hereby certify that I attended the deceased from June 14 1940 to July 15 1940  
that I last saw him alive on July 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
Due to Chr. valvular heart disease  
Due to dilatation of heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/11  
Of autopsy

Duration 3 mo.  
?  
3 mo.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

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? 715

While at work? 9/11 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. King (M. D. or other) 1  
Address Nevada Date signed 7-17-40

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

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

8-9-70  
8-40-1130

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Allen V. Hayes*

Licensed Embalmer No.

1968

P. O. Address

*Nevada, 7200*

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.