DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24906

FILED AUG 15 1941

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 218

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
421 Clark Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 026

(c) City or town Jefferson City, Mo. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 421 Clark Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ADELAIDE FEIND BOCK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife HenrynBock

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 31, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	27	hr. min.

9. Birthplace Wardsville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Feind
13. Birthplace Reading, Pa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Marie Nilges
15. Birthplace Loose Creek, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Bock
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 7/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ressurection

18. (a) Signature of funeral director John F. Heinz
(b) Address Jefferson City, Mo.

19. (a) 7-29-41 (b) J. V. Bedford M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, 1941
year hour 12 minute 05A M.

21. I hereby certify that I attended the deceased from Dec. 21st 1939 to July 27, 1941;
that I last saw her alive on July 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hypertensive heart disease

Due to Arteriosclerosis - general

Other conditions Endarteritis obliterans
(Include pregnancy within 3 months of death)

Major findings: c gangrene L. heel
Of operations

Of autopsy 93 F

Duration

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

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A Ossman (M. D. or other) MD

Address Jefferson City Date signed 7.28.41

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1954

MAR 5 1957

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 Sylvester Dulle, Registered Apprentice No. 292 working under my personal supervision.

Signed John F. Heinl

Licensed Embalmer No. 3655

P. O. Address J. C. Mo.

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

If this body is not embalmed, fact should be so stated above.