

FILED MAY 18 1942

Registration District No. 2-32535

Primary Registration District No. 2720

Registrar's No. 38

1. PLACE OF DEATH: Macon
 (a) County _____
 (b) City or town Rural Harrison Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Macon
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas A. Brock
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 12 year 1942 hour 9 minute 30 A.M.

4. Sex male (1) 5. Color or race w 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 3 1869
 (Month) (Day) (Year)

I hereby certify that I attended the deceased from April 2 1942 to April 9 1942
 that I last saw him alive on April 02 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 2 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death: Cardiac decompensation Duration 4 months

9. Birthplace Webster City, Iowa
 (City, town, or county) (State or foreign country)

Due to: Chronic myocarditis 2 yrs ±

10. Usual occupation Harmonizing

Due to: Coronary Sclerosis 5 yrs ±

11. Industry or business _____
 12. Name James Brock
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Williams
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

Other conditions: Prostatic obstruction 2 yrs ±
 (Include pregnancy within 3 months of death)

16. (a) Informant Mildred Coulter
 (b) Address Jacksonville, Mo. 64502

PHYSICIAN
 Major findings: 930
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 4-14-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Harrison

22. If death was due to external causes, fill in the following information:
 (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)

18. (a) Signature of funeral director Stephens & Gooding
 (b) Address Macon, Mo.
 19. (a) 5/11/42 (b) Ira B. Hunchler
 (Date received local registrar) (Registrar's signature)

While at work _____ (a) Means of injury _____
 Signature J. J. Humber (M.D. or other)
 Address Macon, Mo. Date signed 5/6/42

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

RECEIVED

District Health Officer No. 10

District File Number 5-42-1017

Date Filed MAY 15 1942

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer: 3057

P. O. Address: Macon, 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, fact should be so stated above.