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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37722

State File No.

Registration District No. 249265 Primary Registration District No. 62-865896 Registrar's No.

FILED DEC 11 1942

1. PLACE OF DEATH:

(a) County OZARK

(b) City or town WASOLA - Noble TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OZARK 77 0

(c) City or town WASOLA - Noble TWP 0
(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 0

3. (a) PRINT FULL NAME William Newton Prock

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. McBride Prock

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

7. Birth date of deceased Oct (Month) 4 (Day) 1869 (Year)

8. AGE: Years 73 Months 1 Days 23 If less than one day hr. min. 0

9. Birthplace ST FRANCIS CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Granville R Prock
13. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Davis
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mary E Prock
(b) Address WASOLA MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation MANSFIELD MO.

18. (a) Signature of funeral director G. A. Steffe
(b) Address MANSFIELD MO.

19. (a) Dec 4, 1942 (Date received local registrar) (b) Hattie G. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1942 hour 4 minute 45A M.

21. I hereby certify that I attended the deceased from July 1, 1942, to Nov 25, 1942
that I last saw him alive on 11-28-1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Failure	4 Days
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

938

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 M. C. Gentry 0 (M. D. ~~or other~~)
Address Ava Mo. Date signed 11-30-42

581 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1728
Date Filed DEC 10 1942

DEC 12 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.