

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39337
Registrar's No. 21

FILED DEC 4 1943

Registration District No. 351

Primary Registration District No. 4516

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

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Forsyth
(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 37 years
years, months or days

3. (a) PRINT FULL NAME HENRY B. BROCK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife MINNIE BROCK

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased MARCH 14 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>7</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Terraville IND. I
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie RAY

(b) Address Crystal City, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 10 16 1943
(Month) (Day) (Year)

(c) Place: burial or cremation SNAPP CEMETARY

18. (a) Signature of funeral director H. Evans

(b) Address Crystal City, Missouri

19. (a) Oct. 16, 1943 (Date received local registrar)

(b) Jeannette Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Taney

(c) City or town Forsyth
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 2
1943, 19 to Oct 14, 1943
that I last saw him alive on Oct 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis 14 days

Due to Don't know.

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

93e

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? _____

While at work? _____ (Specify type of place)

(d) Means of injury _____

23. Signature Harry T. Evans (M. D. or other)

Address Brandon, MO. Date signed 10/17/43

RECEIVED

Death Officer No. 6
District File Number 1143-1247
Date Filed NOV 30 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.