

FILED JUL 23 1945

State File No.

Registration District No.

Primary Registration District No. 4296

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Browning
(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.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Browning
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME Hattie May Schrock

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Wilson Schrock, (Deceased) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 17 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 5 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Parez Gibson
13. Birthplace xxxx Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Olive Nickell
15. Birthplace xxxx Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Merlin Schrock
(b) Address Purdin, Missouri
17. (a) Burial (b) Date thereof 6/24/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thorne Undt Co.
(b) Address Linneus, Mo. (D.A. Taylor)
19. (a) June 24 1945 Mrs. C.C. Croff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1945 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1944 to June 22 1945
that I last saw him alive on June 22 and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 7 da

Due to
Due to
Other conditions Urable Melitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature I.P. Martens (M. D. or other)
Address Browning, Missouri Date 6/23

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

MOTHER FATHER

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 David A. Taylor
Licensed Embalmer No. 3761
P. O. Address Lincoln, 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.