

No. 2
4-5-43
5-17-39
I X36671

FILED MAR 3 8 1946
Registration District No. **3**

Primary Registration District No. **4486**

100
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Benton**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **All of Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott** **100**

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

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

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **GLENN ALBERT BROCK**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** Day **16th**
year **1946** hour **11** minute **P.M.**

21. I hereby certify that I attended the deceased from
Jan. 29th, 19**43**, to **Feb. 16th**, 19**46**
that I last saw him alive on **Feb. 16th**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Geraldine Brock**

6. (c) Age of husband or wife if
alive **24** years

7. Birth date of deceased **September 9 1914**
(Month) (Day) (Year)

Immediate cause of death _____
Lobar Pneumonia **1wk.**

~~Chronic Myelogenous Leukemia~~ **4 yrs.**

~~Pulmonary tuberculosis(?)~~

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	31	5	7	_____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **Retired**

MOTHER FATHER {

12. Name **Robert C. Brock**

13. Birthplace **Fredericktown, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Steimel**

15. Birthplace **Kelso Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Geraldine Brock**

(b) Address **Benton, Missouri**

17. (a) **Burial** (b) Date thereof **Feb 19, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Dennis Cemetery
Benton, Missouri**

18. (a) Signature of funeral director **Gail - Steimel**

(b) Address **Charleston, Mo.**

19. (a) **2/26/46** (b) **John H. Wilson**
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury **2**

23. Signature **M. P. Bugan** (M. D. or other) **D.O.**

Address **Benton, Missouri** Date signed **2-26-46**

RECEIVED

District Health Office No. 2,

District File Number 346-331

Date Filed 3/6/46

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 Edward E. Amundson

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.