

FILED MAY 13 1946

Registration District No. _____

Primary Registration District No. 5287

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(c) Name of hospital or institution: 3 Ford Fishing River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs, Mo. 1
(d) Street No. 411 Isley 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Jean Brock

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: April 1 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 0 9 hr. min.

9. Birthplace Excelsior Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Joseph Brock

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

14. Maiden name Catherine McGinness

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

16. (a) Informant Joseph Brock

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 4-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Excelsior Springs, Mo.

18. (a) Signature of funeral director Claude Trichard

(b) Address Excelsior Springs, Mo.

19. (a) 7/15/46 (b) Baseline Delichings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death accident

Collision between a Truck & Sedan

Due to _____

Due to Coroner

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

Major findings: Of operations coroner's case

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) accident, collision truck & sedan

(b) Date of occurrence April 10th 1946

(c) Where did injury occur? 6 mi. west of Excelsior, Clay Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 6 miles west of Excelsior, Mo. Hwy 69

While at work? _____ (e) Means of injury accident

23. Signature P.W. Brather Coroner (M. D. or other) 3

Address Excelsior Springs Mo Date signed 4-15-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11499

4
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-10-46

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.....

J. E. White

Licensed Embalmer No. 4168

P. O. Address Texelair Springs, 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.