

S. No. 2
M-5-43
v. 5-17-39
I X36671

Registration District No. **289**
FILED MAR 28 1947

Primary Registration District No. **6022**

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural - Richmond Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 1 mile north Rayville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Samuel (n) Brock (Browzowski)

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1947 hour Indefinite minute M.

21. I hereby certify that I attended the deceased from 21 19 , to 19 ;
that I last saw him alive on 19 ;
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 Widowed

6. (b) Name of husband or wife Deceased Unknown **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased October 25, 1874
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion **Duration**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>25</u>	hr. <u> </u> min. <u> </u>

Major findings:

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

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?

MOTHER FATHER

11. Industry or business

12. Name Tom Brock (Browzowski)

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

14. Maiden name Rose Gruenbault

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

16. (a) Informant Anna Brock

(b) Address Rayville, R.F.D. #2, Mo.

17. (a) Burial (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope - Richmond Quest-Life Funeral Home

18. (a) Signature of funeral director

(b) Address Rayville, Missouri

19. (a) Feb 25, 1947 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

23. Signature J. Baber, coroner (State or other)

Address Rayville Mo **Date signed** 2-24-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-27-47

APR 2 1947

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 George D. Hill

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.