

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 41

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 124 Myrtle Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Robert Brock

3. (b) If veteran, name war World War

3. (c) Social Security No. not available

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Florence Reve Brock

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 10 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 11
If less than one day hr. min.

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

10. Usual occupation Leather Worker

11. Industry or business Excelsior Leather Company

MOTHER FATHER

12. Name George Brock

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

14. Maiden name Lizzie E. Montgomery

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

16. (a) Informant Hospital Records, Veterans Administration Hospital

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 4-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson, Mo.

18. (a) Signature of funeral director PRICHARD'S FUNERAL HOME

(b) Address Excelsior Springs, Missouri

19. (a) 4/23/47 (b) Caroline Stutshoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 7 minute 14 A.M.

21. I hereby certify that I attended the deceased from April 18 1947 to April 22 1947; that I last saw him alive on April 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, right Duration 4 days

Due to Arteriosclerosis, disseminated, and arterial hypertension Unknown

Due to _____

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

Major findings: Of operations 83A

Of autopsy Same As above

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? _____ (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 _____

23. Signature Haskell Morris (M. D. or other) MD
Address Veterans Administration Hospital, Excelsior Springs, Missouri

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

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-77
MAY 31 1947
JUL 1 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 *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Excelsior 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.