

FILED MAY 12 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1960

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
708 E 13th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether)

In this community 4 7/8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 208 E 13th St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Vestal H. Brock

3. (b) If veteran, name war No

3. (c) Social Security No. 41-10-2780

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife Ether Brock

6. (c) Age of husband or wife if alive 5-0- years

7. Birth date of deceased: 12-19-1887
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and time stated above.

Immediate cause of death Reputy Coroner
Coronary Sclerosis

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>11</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 93 d

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

10. Usual occupation Laundry saleswoman

11. Industry or business _____

12. Name Elihu Brock

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

14. Maiden name Hattie Clapston

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

Major findings:
Of operations _____

Of autopsy History of
inspector

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ether Brock

(b) Address 708 E 13th St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/2/47
(Month) (Day) (Year)

(c) Place: burial or cremation Moand City - no

18. (a) Signature of funeral director Stine - M. Pluse

(b) Address H. C. No

19. (a) 5-2-47 (Date received local registrar) (b) Alvantine Holme (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)

(a) Means of injury _____

23. Signature Deischer (M. D. or State) _____
2800 Main (City or town) _____

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. Clair Sheppard

Licensed Embalmer No. *4179*

P. O. Address *K. C. 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.