

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17327
Registrar's No. 2071

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution:
720 CLEVELAND AVENUE /
(d) Length of stay: In hospital or institution. 56 YEARS
In this community 56 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 720 CLEVELAND AVENUE
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. LOUISE FRANCES BROCK
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Mr. JAMES W. BROCK
6. (c) Age of husband or wife if alive
7. Birth date of deceased APRIL 27 1884

8. AGE: Years 63 Months 0 Days 13
If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI
10. Usual occupation AT HOME

MOTHER FATHER
11. Industry or business
12. Name EDWARD L. VOGT
13. Birthplace ALSACE LORRAINE
14. Maiden name ROSALIE M. MOELLER
15. Birthplace ALSACE LORRAINE

16. (a) Informant ROSALYN RUCKER
(b) Address 720 CLEVELAND
17. (a) BURIAL (b) Date thereof 5-12-47
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 5-10-47 (b) Geraldine Holmea

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10TH
year 1947 hour 7 minutes 35 A. M.
21. I hereby certify that I attended the deceased from Apr. 1942 to 10 May 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of breast - 8 yr?
3 in hours

Due to
Due to
Other conditions: metastatic to lung
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Robert M. Myers (M. D. or other) M. D.
Address 1025 Blatte Blayie signed 10 May

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 M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.