

S. No. 27
M-5-43
7-5-17-39
1 X36671

FILED JUL 19 1947
7/19

Registration District No. _____ Primary Registration District No. 1002
1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 306 E 12th St Argyle Bldg
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3122 E 19th St
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME Charles William Bock
3. (b) If veteran, name war World War No 2
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 7
year 1947 hour 8 minute 20 A.M.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Oboe Bock
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased March 27 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months 3 Days 10
- If less than one day hr. min.

Immediate cause of death Skull Fracture
Due to _____
Due to _____

9. Birthplace Glenmme Iowa
10. Usual occupation Student

Other conditions _____
Major findings: _____
Of operations _____

MOTHER FATHER
11. Industry or business _____
12. Name Phillip Bock
13. Birthplace Glenmme Iowa
14. Maiden name Anna Lasher
15. Birthplace Kennelville Penna

Physician _____
Underline the cause to which death should be charged statistically.
History & suggestion

16. (a) Informant Phillip Bock
(b) Address Glenmme Iowa
(c) Place: burial or cremation Glenmme Iowa
17. (a) Removal (b) Date thereof July 7-47
18. (a) Signature of funeral director Passavant Bros
(b) Address Kansas City Mo
19. (a) 7-8-47 (b) Geraldine Holman

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident, 93
(b) Date of occurrence 7-7-47
(c) Where did injury occur? Public place
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 7-8-47

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

SEP 26 1949

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. L. Walton*

Licensed Embalmer No. *2744*

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.