

FILED APR 20 1948

State File No. _____

Registration District No. 39

Primary Registration District No. 5185

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Cape Girardeau **CAPE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2nd. house on left / 3 mile creek rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in either
(Specify whether years, months or days) In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girard
(c) City or town Rural Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Same as 1(c)
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Albert John Schrock

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Schrock 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 7 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 1 hr. min.

9. Birthplace Cape Girardeau (RFD) Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Carl Schrock
13. Birthplace Bollinger County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace " " " " " "
(City, town, or county) (State or foreign country)

16. (a) Informant James Schrock
(b) Address Gordonville, Mo.
17. (a) Burial (b) Date thereof 4/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Cape Girardeau, Mo.
19. (a) 4-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Arterio-Sclerosis

Due to _____

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

Major findings:
Of operations [Signature]
Of autopsy _____
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) (b) Means of injury 3
Signature Dr. J. F. Sigmond (M. D. or other) Coroner
Address Jackson, Mo. Date signed 4/10/48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
District File Number 448-504
Date Filed 4-19-48

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 C. J. Lorberg
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau, 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.