

No. 300
1-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36403**
Registrar's No. **4741**

FILED DEC 4 1948
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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2940 Chelsea
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 48 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Frances May 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 married

6. (b) Name of husband or wife Chas. A. Brock

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 18, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>1</u>	<u>1</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name Frank L. Moore

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

14. Maiden name Lillie Ray Johnson

15. Birthplace Jenny Falls, Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. A. Brock

(b) Address 2940 Chelsea, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetary

18. (e) Signature of funeral director Melody McGilley Eylar

(b) Address Kansas City, Missouri

19. (a) 11-20-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

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. 2940 Chelsea
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from March 15th, 1944, to Nov 19th, 1948, that I last saw her alive on Nov 11th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple cerebral aneurysms
myocarditis

Due to _____

Due to _____

Other conditions 95%
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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? 2

James J. Critten (Specify type of place)
While at work 20 (c) Means of injury

23. Signature Dr. James J. Critten (M. D. or other) DD
Address 3119 Troost St. Date signed 11/20/48
Kansas City Mo. 1948

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.....
Licensed Embalmer No..... 2229

P. O. Address..... KCC

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.