

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5452

1. PLACE OF DEATH
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (In this place) **22 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **19th and Woodland**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **2506 East 22nd St.**

3. NAME OF DECEASED
a. (First) **Charles** b. (Middle) **Richard** c. (Last) **Brock**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 23, 1950

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
April 1, 1928

9. AGE (In years last birthday)
22

If UNDER 1 YEAR: Months _____ Days _____
If UNDER 10 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Porter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Herbert P. Brock

13b. MOTHER'S MAIDEN NAME
Marena Foster

14. NAME OF HUSBAND OR WIFE
Ida Brock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Marena Brock 2506 E. 22nd St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Shock & Cerebral Hemorrhage

ANTECEDENT CAUSES
DUE TO (b) **Leap from bridge to tracks**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2970

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT (Specify)
suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)
1728 Woodland St. Jackson Mo

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
12/23/50 10:30

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
Leap from bridge

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE
Thos. A. Jones

23b. ADDRESS
1612 E 12th

23c. DATE SIGNED
12/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12/28/50

24c. NAME OF CEMETERY OR CREMATORY
Lincoln Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG.
12-27-50

REGISTRAR'S SIGNATURE
Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Watkins Bros. 1729 Lydia

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

[Handwritten Signature]

Licensed Embalmer No. 3994

P. O. Address 2583 High

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.