

50 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5452
Do not use this space.

1. PLACE OF DEATH **Jackson** **3**
 (a) County.....
 (b) Township..... **Kaw**
 or **Kansas**
 (c) City.....
 (d) Street No. **15th & Cleveland**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **12** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Virgil Otto Stock**
 (a) Residence, No. **9106 East 69th Terrace** St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16th 1903**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
36	7	28	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retail Mail O House**
 10. Date deceased last worked at this occupation (month and year) **1-1-39** 11. Total time (years) spent in this occupation **12 yrs**

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Strawsberg Missouri**
 13. NAME **Geo. Stock**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER
 15. MAIDEN NAME **Susie Cox**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Ethel Ballard Kingsville, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Holden, Mo** DATE **Feb. 15 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Melody Mc Gilley Kansas City, Missouri**

20. FILED **7/15 1939 M. M. Crowe**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-14-39** 19

22. I HEREBY CERTIFY, That I attended deceased from **Dr. M. M. Crowe** to **Geo. Stock**, 19
 I last saw **Geo. Stock** alive on **11:30 a.m.** 19 **39** Death is said to have occurred on the date stated above, at **11:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Laceration of neck
External hemorrhage
 Other contributory causes of importance: **168**

Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis..... Was there an autopsy? **Geo**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury **2-14-39**
 Where did injury occur? **14th Mo** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Cut throat**
 Nature of injury..... **4**

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **Dr. M. M. Crowe**, M. D.
 (Address) **Local Registrar**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.