

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

18854
 Do not use this space.

RECORDED JUN 15 1939

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 396
 (b) Township Ft. Osage Primary Registration District No. 5552 Registered No. _____
 (c) City Levasy (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mrs. Laura W. Stock.
 (a) Residence, No. Levasy Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mr. Sam Stock (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 52 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Warrenton Mo. (STATE OR COUNTRY)
 FATHER 13. NAME John Schaberg
 14. BIRTHPLACE (CITY OR TOWN) Femme Osage Mo. (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Lisetta Driemeier
 16. BIRTHPLACE (CITY OR TOWN) Femme Osage Mo. (STATE OR COUNTRY)
 17. INFORMANT Mr. Sam Stock (ADDRESS) Levasy Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE May 22 1939 BUCKNER Cemetery DATE
 19. FUNERAL DIRECTOR (NAME) V. M. REPERT (ADDRESS) Buckner Mo.
 20. FILED May 21 1939 John W. Robertson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20/39 19__
 22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to May 20, 1939
 I last saw her alive on May 20, 1939 Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Other contributory causes of importance: Hypertension
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? A Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John W. Robertson, M.D. (Address) Buckner, Mo.

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,

Vernon M. Reppert

or by

Registered Apprentice No., working under my personal supervision.

Signed

Vernon M. Reppert

Licensed Embalmer No. **2321**

P. O. Address **Buckner 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, above space should be left blank.