

28th AUG 1939

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

26426
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 642
(b) Township Hastington Primary Registration District No. 5851 Registered No. 7
(c) City or Richfountain (d) Street No. _____ St. _____
(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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Peter A. Bock

(a) Residence, No. Richfountain R. 10 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Rich Fountain (STATE OR COUNTRY) Mo

FATHER 13. NAME Wm Bock

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME Agnes Allamang

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT (ADDRESS) Henry Bock
Rich Fountain

18. BURIAL, CREMATION OR REMOVAL PLACE Rich Fountain DATE 7-10-39

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home (ADDRESS) Wagon Mop Place

20. FILED 9/28 1939 Wagon Mop Place 573 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to July 7th, 1939

I last saw him alive on July 5th, 1939 Death is said to have occurred on the date stated above, at 4:15 PM. The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset May 15 1939

Other contributory causes of importance: Paralysis of tongue & right arm

Name of operation None Date of _____
What test confirmed diagnosis? Chimic Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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) Conrad S. Verhoff, M. D.
(Address) Westphalia 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.

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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.....

Vernon Morton

Registered Apprentice No. *165*

working under my personal supervision.

Signed *M. C. Birmingham*

Licensed Embalmer No. *3669*

P. O. Address *Vernon M.*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

26426

Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 642
(b) Township Washington Primary Registration District No. 3851
(c) City..... (d) Street No..... St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Peter a Boek St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 6 12

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

Cerebral thrombosis Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Paralysis of tongue & right arm, Bulbar paralysis

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 4, 1939

Local Registrar.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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? If so, specify

(Signed) Conrad S. Verhoff, M. D.
(Address) Westphalia mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY 1047.

S- 26426

1939