

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

33787  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Warren Registration District No. 851  
 (b) Township BRIDGEPORT Primary Registration District No. 6172 Registered No. 36  
 (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 Mary Krock**

(a) Residence, No. .... 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
82 5 5

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

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

FATHER 13. NAME Thomas G. Wilber /  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York /

MOTHER 15. MAIDEN NAME Ruth Mason /  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /

17. INFORMANT Jessie Smith,  
 (ADDRESS) Jonesburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn, Cemetery DATE 9/15/39  
Norfolk, Ohio

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl Harding  
Jonesburg, Mo.

20. FILED Sept 24 1939 A. W. Chelley  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1939, to Sept 12 1939  
 I last saw him alive on Sept 11 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia 9/10/39  
Cerebral Hemorrhage 11/29

Name of operation ..... Date of .....  
 What test confirmed diagnosis? skil Was there an autopsy? no

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) J. H. ... M. D.  
 (Address) New Florence, 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, or by.....

*Carl A. Harding*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg, 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.**