

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36025

Do not use this space.

1. PLACE OF DEATH

(a) County CassRegistration District No. 306(b) Township BoeurPrimary Registration District No. 5424(c) City Boeur(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 Dolores Mae Bock(a) Residence, No. Swiss, MO

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oct6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

000

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.

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)

Swiss Missouri

FATHER

13. NAME

Henry C. Bock

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

Hermann MO

MOTHER

15. MAIDEN NAME

Rose Brantigam

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

Swiss Missouri

17. INFORMANT (ADDRESS)

Henry C. Bock Swiss, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Swiss Ev. Cem. DATE 10/22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Hugo H. Blumer Hermann, MO

20. FILED

Oct 22, 1939 John Engelbrecht Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 193922. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1939, to 19I last saw h. alive on 19 Death is saidto have occurred on the date stated above, at m.

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

Still BirthAbout 8 1/2 months Pregnancy

Other contributory causes of importance:

Heart disease which caused death this is second oneName of operation Caesarean Date of 10-21-39What test confirmed diagnosis? Caesarean Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 10-21-39Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Still BirthNature of injury Still Birth24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) Edward Thorburn, M. D.(Address) Hermann, MO

(Licensed Embalmer's Statement on Reverse Side)

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.....

Victor J. Teason Jr....., Registered Apprentice No. 67
working under my personal supervision.

Signed.....

August Blummer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.