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.

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

39868
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Ft Osage
(c) City Levasy
Registration District No. 396
Primary Registration District No. 5552
Registered No.
(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 55 yrs. 8 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Henry H. Stock.
(a) Residence, No. 320 Levasy Missouri 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

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary J. Schaberg Stock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28. 1858

7. AGE: YEARS 81 | MONTHS 0 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
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 50

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

FATHER
13. NAME Fred Stock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Louise Fossie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Sam Stock Levasy Mo.

18. BURIAL, CREMATION, OR REMOVAL Levasy Cemetery
PLACE Levasy Mo. DATE Nov. 28. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) V. M. Reppert. Buckner Mo.

20. FILED Nov 26 1939 John W Robertson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25. '39, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1939, to Nov 25, 1939
I last saw him alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset: X

94 b

Other contributory causes of importance: X

Name of operation None Date of X
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? X Date of injury ....., 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) John W Robertson, M. D.
(Address) Buckner 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, V.M.Reppert., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed V.M. Reppert

Licensed Embalmer No. 2321

P. O. Address.....

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

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