

AUG 7 1941 **496**

Primary Registration District No. **3025**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brownfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lena Schock

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) (Single) widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 3 1858
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>82</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace Duchess Co N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Mathias Schock
13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)
14. Maiden name Agatha Harder
15. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature O. Schock
(b) Address Brownfield Mo

17. (a) Burial (b) Date thereof July 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lehigh Cemetery
Hunts, Rollins

18. (a) Signature of funeral director _____
(b) Address Brownfield

19. (a) 7/27/41 (b) Most likely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Brownfield
(If outside city or town limits, write "RURAL")
(d) Street No. Ac Main E. Doelling
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1941 hour _____ minute 30 PM

21. I hereby certify that I attended the deceased from 9-11-39, 1939, to 7-27, 1941;
that I last saw her alive on 7-27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation Duration 2 hrs

Due to (malnutrition)

Due to particular of beriberi Duration 20 yrs

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Of operations 0 189
Of autopsy 0 97

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature Dr. Mary (M. D. or other)
Address Brownfield, Mo Date signed 8/28

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

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

Signed W. Collins

Licensed Embalmer No. 1164

P. O. Address Brookfield, 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.