

FILED SEP 12 1941

Registration District No. 4/11

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 049
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 811 West 1st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Herbert Howard Brock

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

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

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

7. Birth date of deceased April 20, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Oswego Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business _____

12. Name Alfred Brock

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Lettie Santee

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Anna Brock

(b) Address 811 West 1st Webb City, Mo.

17. (a) Burial (b) Date thereof 8-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Nedger Nelson

(b) Address Webb City, Mo.

19. (a) 8-26-41 (b) Ed E. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25th
year 1941 hour 9 minute 25 a.m.

21. I hereby certify that I attended the deceased from 2-3 to 8-25 1941

that I last saw him alive on 8-25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration 24 hr.

Due to Ca. of rt. lung 2 yrs.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Ed E. Jones (M. D. or D.M.D.) D.M.D.

Address 107 S. Ball Date signed 8-28-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-9-779.

SEP 17 1941

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..... *C. W. Hedge*
Licensed Embalmer No. *2589*
P. O. Address *Webb City, 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, fact should be so stated above.