

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38272
37

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Richmond Twp
(c) Name of hospital or institution: 8 Mi. West of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 90 Years
(Specify whether years, months or days)

3. (a) PRINT FULLNAME KARL AUGUST BOCK

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 Elizabeth Bock 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Dec 16 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation "Retired" Farmer

11. Industry or business

12. Name Karl Bock

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

14. Maiden name Elizabeth Bock

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

16. (a) Informant Emma Bock

(b) Address Hermann, Missouri RFD

17. (a) Burial (b) Date thereof 12 7 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stolte St. John's Cema

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo.

19. (a) 12-11-41 (b) F. E. Kicker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Mi. West of Hermann
(If rural, give location)
(e) If foreign born, how long in U. S. A. 84 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1941 hour 5:30 minute 9 M.

21. I hereby certify that I attended the deceased from 12-4 1941, to 12-5 1941;
that I last saw him alive on Dec-4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Injuries

Due to a fall from Hills Side Bluffs of Rock

Due to fracture of skull

Other conditions Wandered away and fell from Rock Bluffs or wall

(Include pregnancy within 3 months of death)

Major findings: 186

Of operations 14

Of autopsy 14

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

(a) Accident, suicide, or homicide (specify) Accident 27

(b) Date of occurrence Dec-4

(c) Where did injury occur? On farm at home
(City or town) (County) (State)

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

Yes on farm

While at work? no (Specify type of place)

(e) Means of injury fall

23. Signature Howard H. Blumer (M. D. or other)

Address Hermann Mo. Date signed 12-11-41

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

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 _____

Licensed Embalmer No. **3160**

P. O. Address **Hermann, Missouri**

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.