

FILED MAR 16 1942

Registration District No. .... Primary Registration District No. 4192

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Kennett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 621 Baldwin St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: JOHN WILEY BROCK

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

4. Sex: MO 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nancy Brock 6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: June 4 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Bernie, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

12. Name: Henry Brock

13. Birthplace: Burns, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Nancy Papadopoulos

15. Birthplace: Burns, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Edward A Brock  
(b) Address: Kennett, MO.

17. (a) Burial (b) Date thereof: 2-25-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bernie, MO.

18. (a) Signature of funeral director: John Russell  
(b) Address: 714 1/2 W. 1st St., Kennett, Mo.

19. 2/24/42 (Date received local registrar) John Russell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Dunklin

(c) City or town: Kennett  
(If outside city or town limits, write "RURAL")

(d) Street No.: 621 Baldwin  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23  
year 1942 hour 9<sup>00</sup> minute 15 M.

21. I hereby certify that I attended the deceased from 2-21  
1942 to 2-23 1942  
that I last saw her alive on 2-23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis  
Duration: 27?

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: 13 R!  
(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: James G. Coffey (M. D. or other)  
Address: Kennett, Mo. Date signed: 2-25-42

RECEIVED

District Health Office No. 2

District File Number 342-309

Date Filed 3-6-42

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**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.....

P. O. Address.....

**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.**