

FILED APR 15 1942
Registration District No. 318

Primary Registration District No. 5439

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield Rural 7 Campbell
(c) Name of hospital or institution: Greene County Farm
(d) Length of stay: In hospital or institution: 3 Days
In this community: 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 039
(c) City or town: Springfield 6
(d) Street No.: 1406 W. Calhoun
(e) If foreign born, how long in U. S. A.: 1 years.

3. (a) PRINT FULL NAME: Thomas M. Brock
(b) If veteran, name war: no
(c) Social Security No.: no

20. DATE OF DEATH: Month March day 31
year 1942 hour 9 minute 45 p.m.

4. Sex: Male 0
5. Color or race: White 2
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive: See years
7. Birth date of deceased: January 25 1888

21. I hereby certify that I attended the deceased from March 27, 1942, to March 31, 1942, that I last saw him alive on March 31, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 2 Days 6
If less than one day hr. min.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis

9. Birthplace: Unknown Iowa 1

Due to: Myocarditis
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Retired
11. Industry or business: Carpenter & Contractor

MOTHER FATHER {
12. Name: Unknown
13. Birthplace: Unknown
14. Maiden name: Unknown
15. Birthplace: Unknown

Major findings: Of operations: 830
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: S.H. Brock
(b) Address: Springfield, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof: April 6, 1942
(c) Place: burial or cremation: Springfield, Mo.

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

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

(c) While at work? _____
(e) Means of injury: _____

19. (a) 4-6-42 (b) J.W. Handley

23. Signature: James P. Amos (M. D. or other)
Address: Springfield Mo Date signed: 4-2-42

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.

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