

FILED DEC 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36737

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1145-

1. PLACE OF DEATH:

(a) County Washburn

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital # 72
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution yes
In this community 7 yrs 0 mo 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Rock

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 9 - 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	22	hr. _____ min. _____

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

10. Usual occupation Hand work

11. Industry or business at home Rural

12. Name James M. Rock

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

14. Maiden name Larybeth

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

16. (a) Informant Margaret

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof 11 - 4 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton Mo.

18. (a) Signature of funeral director Shatter Meier

(b) Address 13th + Jerome St. St. Joseph Mo.

19. (a) 11-4-42 (b) Rae Stergog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd
year 1942 hour 12 minute 40 A.M.

21. I hereby certify that I examined the deceased from on
Nov 2nd 1942 to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to self inflicted wound in the throat

Due to Dementia Praecox Paranoid type

Other conditions Woman cut her throat
(Include pregnancy within 3 months of death)

Major findings: with case knife on Oct 29 - 1942. Wound was not
Of operation not sufficient to
Of autopsy cause death.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Oct 29 - 1942

(c) Where did injury occur? at Joseph Buck Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hosp # 2
While at work? no (e) Means of injury Case knife

23. Signature H. F. Mundy (M. D. or other) Coroner
Address 404 So 3rd St Date signed 11/2/42

Duration

3 days

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
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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 Geo E Daniel

Licensed Embalmer No. 3300 - Missouri

P. O. Address St. Joseph, 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.