

No. 2
11-10-39
5-17-39
K 21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21076**
Registrar's No. **100**

Registration District No. **39**

Primary Registration District No. **5219**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural Camp Branch Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Alberta June Schrock**

3. (b) If veteran, name war _____ 3. (c) Social Security 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 23 1932**
(Month) (Day) (Year)

8. AGE: Years **II** Months **4** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Cass Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Lawrence A. Schrock**

13. Birthplace **Cass Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Zook**

15. Birthplace **Cass Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lawrence Schrock**

(b) Address **Garden City, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/27/1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Clear Fork Cemetary**

18. (a) Signature of funeral director **A. W. ...**

(b) Address **East Lynne, Missouri**

19. (a) **June 5, 1943** (b) **Margaret Telle**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**

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

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

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **25th**
year **1943** hour **5 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **APRIL 25** to **MAY 25**
that I last saw h. er, alive on **MAY 25** and that death occurred on the date and hour stated above.

Immediate cause of death **SARCOMA of the FEMUR (right)**
Metastasis to abdomen and right

Due to **lung**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Slong** (M. D. or other)

Address **HARRISONVILLE, MO.** Date signed **5/25-43**

Duration

5 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1900

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 _____

A. D. Hartzler

Licensed Embalmer No. 2717

P. O. Address East Lyme, 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, above space should be left blank.