

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28508

State File No. \_\_\_\_\_

AUG 30 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 436

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
521 N. Wall St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 40 years in hospital or institution. (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 115 St. Charles  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Prock;

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 4, day 1943  
year \_\_\_\_\_ hour 5-00 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-28 to Aug 1 1943  
that I last saw him alive on Aug 1 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife Mary Prock; 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. April 20, 1860  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

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

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 83 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Illinois; 1  
(City, town, or county) (State or foreign country)

Major findings: Of operations 1318

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation retired laborer

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

MOTHER FATHER { 12. Name No record

13. Birthplace no record 9  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Crawford

(b) Address Lody, Wyoming

17. (a) removal (b) Date thereof 8-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Galena, KS

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 8-5-43 (b) Arthur Sushalter  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)

Address Joplin Mo Date signed 8-5-43

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

5729

42-2-694

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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 *Perry K. Furbel*

..... Licensed Embalmer No. 909

P.O. Address *Spunk 200*

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.