

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community unknown
years, months or days)

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. Strasburg, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME BRYANT FAYE STOCK

3. (b) If veteran, name war no 3. (c) Social Security No. 486-26-9495

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased Sept 10, 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Strasburg, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on farm

12. Name Geo. W. Stock

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

14. Maiden name Susan Cox
15. Birthplace Latham, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard H. Stock

(b) Address Kingsville, Missouri

17. (a) Burial (b) Date thereof 1/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg, Missouri

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 2-15-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from January 19 1944 to January 23 1944; that I last saw him alive on 11:45 am Jan 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Hemorrhagic Pancreatitis

Due to _____
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 g
23. Signature J. F. Blacock (M. D. or other) DO
Address Phasant Hill Mo. Date signed 1-25-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Samuel B Rojas
Licensed Embalmer No. 4044
P. O. Address Holden, 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.