

FILED MAR 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 11024

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether
 In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 921 1/2 E. 12 St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward Bock
 3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 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 June 10 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Druggist

11. Industry or business Retired

12. Name Daniel Bock

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

14. Maiden name Elizabeth Bock

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

16. (a) Informant Oral Fisher
 (b) Address Gates Man

17. (a) removal (b) Date thereof 3/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Madison Man

18. (a) Signature of funeral director Snow-Meyers
 (b) Address 2315 S. 1st St

19. (a) 3-4-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 2
 year 1944 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from February 25 1944 to March 2 1944
 that I last saw him alive on March 2 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompen-sation
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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) (Means of injury) _____
 23. Signature W. E. Wacker Med. Dir. M. S.
(M. D. or other)
 Address 2315 S. 1st St Date signed _____

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

MOTHER FATHER

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.....

Ray E. Snow

.....
Licensed Embalmer No. *2560*

P. O. Address.....

Lin at Olive

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.