No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10422

Registration District No. 42 Primary Registration District No. 1600 Registrar's No. 314

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2205 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2205 Penn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Benton M. Brock
3. (b) If veteran, name war none
3. (c) Social Security No. 491-09-4884
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie E. Brock
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct. (Month) 19 (Day) 1885 (Year)

8. AGE: Years 58 Months 5 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Harrison county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation barber
11. Industry or business Al Robinson Barber Shop
FATHER
12. Name Charles W. Brock
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Ann Hammitt
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Benton M. Brock
(b) Address 2205 Penn
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/ 3 /44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address 319 South 10th
19. (a) 4/1/44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar day 31st year 1944 hour viewed 1:59 minute A M.
21. I hereby certify that I attended the deceased from on Mar 31, 1944 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 Chronic Diabetes Mellitus — Duration 5 yrs
Due to 61
Due to Man has been in poor health for the past five years. He was a Christian Scientist and did not consult a doctor of scientific medicine for examination or treatment.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ____ Of autopsy No. [illegible]

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature H F Mundy (M. D. or other) Coroner
Address 404 So 3d St Joseph, Mo Date signed 4/1/44

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(Licensed Embalmer's Statement on Reverse Side)

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. Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.