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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 21 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Henrick 10499

Registration District No. 43 | Primary Registration District No. 3007 | Registrar's No. 85 86

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 min. (Specify whether years, months or days)
In this community: 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff, Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 945 Lester (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Martin John Bock
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hedwig Bock
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 24, 1870 (Month) (Day) (Year)

8. AGE: Years 74 | Months 0 | Days 20 | If less than one day: hr. min.
9. Birthplace: Cape Girardeau, Mo O (City, town, or county) (State or foreign country)
10. Usual occupation: Implement Business
11. Industry or business:
FATHER 12. Name: Christian Bock
13. Birthplace: , Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Henrietta Hunze
15. Birthplace: , Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Gertrude Budd
(b) Address: Poplar Bluff, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 3-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation: City - Poplar Bluff, Mo
18. (a) Signature of funeral director: Frank - Cotrell
(b) Address: Poplar Bluff, Mo.
19. (a) 3-18-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1944 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from 3-1, 1944 to 3-14, 1944 that I last saw him alive on 3-14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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: [illegible] (M. D. or other)
Address: Poplar Bluff Mo Date signed:

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-52
Date Filed 3-22-44

MAY 17 1944

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 Paul Richard Brown

Licensed Embalmer No. 4229

P. O. Address Poplar Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.