

S. No. 2
DM-5-42
v. 5-17-39
X32673

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11324**

FILED APR 7 1944

Registration District No. **174**

Primary Registration District No. **5644**

Registrar's No. **17**

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

1. PLACE OF DEATH

(a) County **Lafayette**

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

(c) Name of hospital or institution: **7 mi. S.E. Hwy**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Lafayette**

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

(d) Street No. **7 mi. S.E. Hwy**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **EMELIA BROCK**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Fe**

5. Color or race **W**

6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Albert Brock**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Feb 1898**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	0	18	hr. min.

9. Birthplace **Mayvin MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER

12. Name **August Semly**

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

14. Maiden name **Pauline Winters**

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

16. (a) Informant **Albert Brock**

(b) Address **Lafayette, MO**

17. (a) Burial (b) Date thereof **3-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lafayette, MO**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Lafayette, MO**

19. (a) Mar-16-44 (b) **Mrs. Fred Schwaib**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar**, day **14**, year **1944**, hour **1**, minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Nov 1**, 19**43** to **Mar 14**, 19**44**
that I last saw him **alive on** **Mar 12**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration**
Cardiac failure

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **44 R**

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?

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

23. Signature **[Signature]** (M. D. or other)

Address **Lafayette, MO** Date signed **3/14/44**

Paul

Subject No. 8,
Date Filed 4-6-44

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed *Geo. P. McKean*

Licensed Embalmer No. 2983

P. O. Address *Leungton, 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.