

FILED JUL 19 1944

State File No. _____

Registration District No. 208

Primary Registration District No. 5762

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural Round Grove Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 68 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Round Grove Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Carl Bock
(b) If veteran, name war No.
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12
year 1944 hour 6 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Voepel Bock 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased September 1 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 13, 1944 to June 12, 1944
that I last saw him alive on June 12, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 9 Days 11 If less than one day
hr. _____ min. _____

Immediate cause of death Coronary Occlusion
Due to _____
Due to _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) gpa
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name William Bock
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Fox
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Henry Bock
(b) Address Palmyra, Missouri
17. (a) Burial (b) Date thereof 6/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem. Palmyra

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature T. D. Rosella (M-D. or other)
Address Palmyra, Mo. Date signed 6-12-44

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra, Missouri
19. (a) 6/13/44 (b) Mrs Margaret Thaddeus
(Date received local registrar) (Registrar's signature)

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

400

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 Geoff Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra 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.