41437

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1945

State File No. 1

Registration District No. 150 Primary Registration District No. 5577 Registrar's No. 141

1. PLACE OF DEATH:
(a) County Jackson (Prairie) Texas
(b) City or town Rural
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community sence 1918
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Rural Prarie
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Schock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May (Month) 25 (Day) 1885 (Year)

8. AGE: Years 60 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Montrose (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Immele
13. Birthplace Boonville, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Roselinda Grosch
15. Birthplace Edwardsville Ill. (City, town, or county) (State or foreign country)
16. (a) Informant William Schock
(b) Address Lees Summit, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mountrose. Mo.
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.
19. (a) 11/4/45 (Date received local registrar) (b) Sara G. Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1945 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from Oct 1st 1945 to Nov 2nd 1945 that I last saw her alive on Nov 2nd 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolis	
Due to Colo Sistiectomy Oct 18th 1945	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2
23. Signature John C. Hader D.O. (M.D. or other)
Address Phone Jack Mo Date signed 11-3-45

1601 (Licensed Embalmer's Statement on Reverse Side)

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

No. 2
M—2-43
5-17-39
X35697

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 By me 11-3-45, Registered Apprentice No. ....., working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill-M

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.