

FILED JUL 9 1946

Registration District No. _____

Primary Registration District No. **3010**

Registrar's No. **212**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Family Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **all life**
years, months or days)

3. (a) PRINT FULL NAME **William George Bock**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **April 22 1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Cape Girardeau Mo U**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe worker**

11. Industry or business **International Shoe Co**

12. Name **Corrad Bock** 4

13. Birthplace **Germany** 1
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Kliban**

15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs C. G. Bock**

(b) Address **Cape Girardeau**

17. (a) **Burial** (b) Date thereof **6-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Municipal Park**

18. (a) Signature of funeral director **J. H. Mueller**

(b) Address **Cape Girardeau Mo**

19. (a) **6-25-1946** (b) **C. G. Semmone**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **981 N. Fountain** 4
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1946** hour **8:30** minute **am** M.

21. I hereby certify that I attended the deceased from **June 6th** 1946 to **June 23rd** 1946
that I last saw him alive on **June 23rd** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: **Senility** Duration **17 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **16 2/3**

Of autopsy _____

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 **C. G. Semmone** (M. D. or other) _____
Address **Cape Girardeau Mo** Date signed **6/24/46**

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

18304

RECEIVED

District Health Officer No. 4
District File Number 746-2310
Date Filed 7-6-46

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 W. H. Estes
Licensed Embalmer No. 3568
P. O. Address Cape Girardeau

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.