

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20835
Do not use this space.

FILED JUL 11 1946

1. PLACE OF DEATH

(a) County Johnson Registration District No. 166
(b) Township Washington Primary Registration District No. 4254
(c) City Knobloster 3 (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence V. Viebrock

(a) Residence, No. _____ St. Stover, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF Helena Viebrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 7 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trucking

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

13. NAME John Viebrock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

15. MAIDEN NAME Sena Hagenagh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

17. INFORMANT (ADDRESS) Harold Monsees
Stover Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stover Cemi. DATE June 26 1946

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. L. Stebbins
Stover, Mo.

20. FILED June 25 1946 Mrs. Ina L. Beatty
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 24 1946

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Accidental death from collision of their truck, with a tree on #00 + McPherson Street, Knobloster, Mo.

Other contributory causes of importance: _____

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/24, 1946.

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) F. May Anderson, Coroner
(Address) Stover, Mo.

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.....

J. L. Stevenson

Licensed Embalmer No.

4073

P. O. Address.....

Storer, 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, above space should be left blank.