. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37849

Registration District No. 260 Primary Registration District No. 5884 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Osage
(b) City or town RichFountain
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town RichFountain
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Francisca Bock
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 Widowe
6. (b) Name of husband or wife Peter Bock
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 18 (Month) 1866 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	8	11	hr. min.

9. Birthplace Rich Fountain (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Sprenger 9
13. Birthplace Unknpwn (City, town, or county) (State or foreign country) /
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Peter Ruder /
(b) Address Freeburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 2 (Day) 46 (Year)
(c) Place: burial or cremation RichFountain Mo
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 255, Linn, Mo.
19. (a) Dec 1, 1946 (Date received local registrar) (b) Mrs. H. H. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1946 hour 5 A.M minute 10 M.
21. I hereby certify that I attended the deceased from Nov 16, 1946, to Nov. 26, 1946
that I last saw her alive on Nov 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Due to Mitral Insufficiency (Decompensated)
Due to Senile Debility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration about 1 yr.

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
23. Signature C. H. Bax (M.D. or other)
Address Freeburg Mo Date signed 12-2-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-12-46

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.