

FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30878

Registration District No. 118

Primary Registration District No. 4190

Registrar's No. 66

1. PLACE OF DEATH:

(a) County WASCONADE
(b) City or town BLAND
(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 entire life years, months or days

3. (a) PRINT FULL NAME

Henry W. Trock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Augusta W. Trock

6. (c) Age of husband or wife if alive _____ years
16 (Day) 1858 (Year)

7. Birth date of deceased OCT (Month)

8. AGE: Years 88 Months 11 Days 9 If less than one day hr. _____ min. _____

9. Birthplace WASCONADE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Dr. W. Trock

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

14. Maiden name ON ARAWIN

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Agent W. Trock

(b) Address German - Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof SEPT 27 47 (Month) (Day) (Year)

(c) Place: burial or cremation ON Bland Cemetery

18. (a) Signature of undertaker James J. Seurel

(b) Address Bland Mo

19. (a) 9-29-47 (Date received local registrar) (b) Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WASCONADE
(c) City or town Bland (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 35 year 1947 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 1 to Sept 35 1947
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Gastritis Duration 1 week

Due to Senility

Due to _____

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

Major findings: Of operations 118 Of autopsy _____

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? no

While at work? (Specify type of place) (e) Means of injury Mod

23. Signature E. L. Buring (M. D. or other) Address Bland Mo Date signed _____

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-6-47

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.....

Chester J. Sussmann

Licensed Embalmer No. 4128

P. O. Address.....

Bland

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.