

FILED JAN 29 1948

Registration District No. 221

Primary Registration District No. 5993

State File No. \_\_\_\_\_

Registrar's No. 16

1. PLACE OF DEATH:

(a) County MONITEAU  
(b) City or town LINN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 1/2  
(Specify whether years, months or days)  
In this community 64 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town RURAL  
(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 ALBERT W. STOCK

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

4. Sex MALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1 1/2 years

7. Birth date of deceased 10 26 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation LABORER

11. Industry or business \_\_\_\_\_

12. Name AUGUST STOCK

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

14. Maiden name MARGARET SCHILB

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

16. (a) Informant Emil Stock

(b) Address WOOLPRIDGE MO

17. (a) BURIAL (b) Date thereof 1-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT GROVE C.E.M

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home mo

19. (a) 1-26-1948 (b) Jada M. Snow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21  
year 1948 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from 1-21 to 1-21 1948  
that I last saw alive on 1-3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis  
Emphysema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature W. M. ... (Physician's signature)  
Address ...

Duration 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,  
District File Number  
Date Filed 1/28/48

JAN 29 1948

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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, fact should be so stated above.