

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1942
Registration District No. 504

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11227
State File No. 4
Registrar's No. 4

Primary Registration District No. 43075661B

1. PLACE OF DEATH:

(a) County LINN
(b) City or town PURDIN - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benton Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME LENNETTE FRANCIS SCHROCK

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

4. Sex FE 1 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SAMPSON D. SCHROCK 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT 29 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 7 _____ hr. _____ min.

9. Birthplace Banning MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS GIBSON 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name MARY ANN PURDIN 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant MRS CLORA CASSIDY
(b) Address PURDIN, MO

17. (a) BURIAL (b) Date thereof MAR 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PURDIN CEMETERY

18. (a) Signature of funeral director Wagner & Son
(b) Address Millers, MO

19. (a) March 8-42 (b) U. C. Snyder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LINN 058
(c) City or town PURDIN (RURAL) 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6 1942
year 7 hour 4:5 minute _____ A.M.

21. I hereby certify that I attended the deceased from August 1936
_____, 19____, to Mar 6 19____
that I last saw h. s. v. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Chronic Arterial Hypertension
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
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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? _____

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

23. Signature William H. Thayer (M. or other) DO
Address Purdin, MO Date signed 3-6-42

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

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.....

Harold C. Rigger

Licensed Embalmer No. *3792*

P. O. Address. *Melrose, 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.