

Registration District No. 44

FILED FEB 11 1940

Primary Registration District No. 4476

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Gilliam  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Five Years (years, months or days)

3. (a) PRINT FULL NAME Ida Brock  
8. (b) If veteran, name war X 8. (c) Social Security No. 6

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ben Brock 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased August-30-1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Charles County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Usual House Work

11. Industry or business X

12. Name James White  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Burdick  
15. Birthplace St Charles County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ben Brock  
(b) Address Gilliam Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereat Jan-1-1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Gilliam Cemetery

18. (a) Signature of funeral director James H. Staker  
(b) Address Staker Mo

19. (a) Dec 2 4 (b) J. P. Harrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Gilliam  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 30  
1939 year 11:45 hour 21 minute M.

21. I hereby certify that I attended the deceased from Dec 28, 1939, to Dec 30, 1939; that I last saw her alive on Dec 29, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency and Pneumonia

Due to Heart (Cardiovascular) last 2 yrs  
Due to Pneumonia (3 days last)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92 W

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 R. H. Nuckles (M. D. or other) MD  
Address Staker Mo Date signed 1/40

Duration 3 W

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/21/90

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

*Jones & Salzer*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Jas E Jones*

Licensed Embalmer No. *1314*

P. O. Address *Slater M*

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.