

No. 2
11-10-39
5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24640**
Registrar's No. **762**

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 38 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #6, St. Joseph, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Gladys Mae Brockett 623
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15th
year 1940 hour 5 minute 55 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey V. Brockett
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased November 26 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5, 1940 to July 15, 1940
that I last saw her alive on July 15, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 7 Days 19
If less than one day hr. _____ min. _____

Immediate cause of death Endocarditis
Duration 2 1/2 hours

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

Due to _____
Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 91B

11. Industry or business _____

MOTHER FATHER
{ 12. Name Charles E. Robertsoh
{ 13. Birthplace Buchanan County Missouri
{ 14. Maiden name Capy Blakely
{ 15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Harvey V. Brockett
(b) Address R.F.D. #6 St. Joseph, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cemetery.

(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? 85

18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature John P. [unclear] (M. D. or other) 1002
Address Dr. Joseph [unclear] Date signed 7-16-40

19. (a) July 17, 1940 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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

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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.....

Albert E. Farrington

Licensed Embalmer No..... 3258

P. O. Address..... St. Joseph, 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, above space should be left blank.