

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7960

Do not use this space.

## 1. PLACE OF BIRTH

(a) County Ray Registration District No. 914  
 (b) Township Grape Grove Primary Registration District No. 6235-89 Registered No. ....  
 (c) City Ray (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Sarah Elizabeth Brock  
 (a) Residence, No. Richmond (Usual place of abode, if no street address, write county or city) Missouri Ray (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Brock.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 1 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) Feb. 14, 1941 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

FATHER 13. NAME A. P. Herring.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

MOTHER 15. MAIDEN NAME Mariah Bright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

17. INFORMANT (ADDRESS) William Brock. J.  
Raymet. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Feb. 16, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Knipsehild.  
Hardin. Mo.

20. FILED Feb 17 19 41 Mrs. Isabel Manner  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1941

22. I HEREBY CERTIFY, That I attended deceased from

, 19 41 to Feb 15, 19 41

I last saw her alive on Feb 15, 19 41. Death is said

to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2-14-41

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Carl H. Reed, M. D.

(Address) Hardin Mo.

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed  
3-10-41

**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 M. A.

....., Registered Apprentice No. ....

working under my personal supervision.

Signed John W. Krupchick

Licensed Embalmer No. 2789

P. O. Address Hardin 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.**