

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42284

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 150

51
2
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH Johnson
 (a) County
 (b) City or town Warrensburg
 (c) Name of hospital or institution: 209 E. North Street
 (d) Length of stay: In hospital or institution 809 E. North
 In this community Life time

3. (a) PRINT FULL NAME Ellenor Jane Brock
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 7. Birth date of deceased December 23 1899
 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 11
 If less than one day hr. min.

9. Birthplace Warrensburg Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

11. Industry or business
 12. Name John H. Ogle
 13. Birthplace Bridgeport Maryland
 14. Maiden name Ellenor Elizabeth Gamble
 15. Birthplace Penn.

16. (a) Informant Eugene C. Beach
 (b) Address Phoenix, Arizona
 17. (a) Burial (b) Date thereof 12-14-15
 (c) Place: burial or cremation Sunset Hill
 18. (a) Signature of funeral director W. S. Willet
 (b) Address Hannsburg mo
 19. (a) 12-15-41 (b) Gold M. Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg
 (d) Street No. 406 W. Gay St.
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 12
 year 1941 hour 5 minute 30 A. M.
 21. I hereby certify that I attended the deceased from 15
 1941, to Dec 12 1941
 that I last saw her alive on 12-10 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Coronary occlusion
 Due to Coronary sclerosis
 Adenomatous thyroid
 Other conditions
 Major findings: Of operations 550
 Of autopsy
 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?
 (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. Lee Cooper (M. D. or other)
 Address Warrensburg mo Date signed 12-15-41

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 1-14-42

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

Samuel M. Cloney

Licensed Embalmer No. 3857

P. O. Address Warrandling 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.