

FILED NOV 17 1947

Registration District No.

Primary Registration District No. 1225

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brown Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years
(Specify whether years, months or days)
In this community 5 Years
(Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Jane Brock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elihu Brock 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased February 2 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name William Clopton
13. Birthplace Penna
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wilson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. J. Louden
(b) Address Bigelow, Missouri

17. (a) Burial (b) Date thereof Nov 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest City, Missouri

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

19. (a) Nov 20 (b) J. Chaffey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1947 hour 10 minute 05 p. M.
21. I hereby certify that I attended the deceased from Sept 9, 47
1947 to Oct 31 1947
that I last saw h. ev alive on Oct 31 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF STOMACH
(WITH METASTASIS TO LIVER AND GALL BLADDER)
Due to LIVER AND GALL BLADDER
Duration 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: H₂O
Of operations

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? _____
(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 2

23. Signature H. E. Colbin D.O. (M. D. or other) ✓
Address OREGON, MO Date signed NOV 2 47

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

400

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.