

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3741

State File No. \_\_\_\_\_

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FILED JAN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 622 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Coal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Coal</b>	
c. LENGTH OF STAY (in this place) <b>34 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>RR#1, Deerfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR#1, Deerfield</b>		d. STREET ADDRESS (If rural, give location) <b>RR#1, Deerfield</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>	b. (Middle) <b>BROCK</b>	c. (Last) <b>BROCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 18, 1952</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>January 15, 1867</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife ret.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Holden, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jack Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Cockrell</b>	14. NAME OF HUSBAND OR WIFE <b>George (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lester Ray Brock, Los Angeles, Cal</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None known</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Don't know</b>
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19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Coal sup</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Coal sup Vernon Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4222</b>
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22. I hereby certify that I attended the deceased from **Jan 17, 1952**, to **Jan 18, 1952**, that I last saw the deceased alive on **Jan 17, 1952**, and that death occurred at **5:50p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Love</b> (Degree or title)	23b. ADDRESS <b>Nevada Mo</b>	23c. DATE SIGNED <b>1-22-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-21-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Deerfield Cemetery</b>	24d. LOCATION (City; town, or county) (State) <b>Deerfield, Missouri</b>
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DATE REC'D BY LOCAL REG <b>1-23-1952</b>	REGISTRAR'S SIGNATURE <b>(Anna) E. Furry</b>	451-01 FUNERAL DIRECTOR'S SIGNATURE <b>(Lester Ray Brock)</b>	ADDRESS <b>KONANTZ MORTUARY - Ft. Scott, Kansas</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

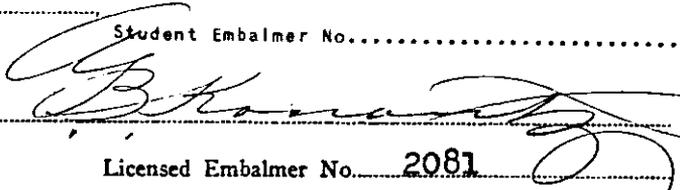
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_



Licensed Embalmer No. 2081

P. O. Address Et. Scott, Kansas

Signed.....  
Student Embalmer

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.