DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11578

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 809 Meade Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield (If outside city or town limits, write "RURAL")

(d) Street No. 809 Meade (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Nancy Kent 830

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 Married

6. (b) Name of husband or wife Joseph Kent 6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased Dec. 13, 1848 (Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James Ogle 1
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Young 1
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. V. Kent

(b) Address Brookfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address Brookfield, Mo. 4451

19. (a) 4-1-40 (Date received local registrar) (b) J. M. H. Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30 year 1940 hour 10 minute - P.M.

21. I hereby certify that I attended the deceased from Jan 1940 ....., 19...., to 3-30-40, 19....; that I last saw her alive on 3-29-40, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 da
Due to Hypertension	
Due to Chr Nephritis	Yrs
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings:
Of operations .....
Of autopsy no

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. M. H. Lucas (M. D. ~~or other~~) 1

Address Brookfield Mo Date signed 4-1-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 11,
District File Number 440-466
Date Filed APR 9 1940

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 H B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.