. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7024

State File No.

FILED MAR 13 1942

Registration District No. 1

Primary Registration District No. 3023

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 5-1

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marion Clark Brook

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Percy Brook

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Sept (Month) 15 (Day) 1909 (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	4	26	hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Abbie C. Bright

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby (Month) 13 (Day) 1942 (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. R. Wilcox

(b) Address 317 N. Holden Warrensburg Mo

19. (a) Feb. 13-'42 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 11 year 1942 hour 2 minute 7 M.

21. I hereby certify that I attended the deceased from Nov. 14, 1941, to Feb. 11, 1942 that I last saw her alive on Feb. 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	2-3 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Harry Harkness (M. D. or other)

Address Warrensburg, Mo Date signed 2/13/42

1001 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-11-42

DEC 6 1944

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.

No Embalming

Signed W. F. Wilcox per L. W.

Licensed Embalmer No. .....

P. O. Address .....

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.