

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 126

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 9-20-42 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Colia
(If outside city or town limits, write "RURAL")
(d) Street No. 22
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ann Brogg
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11 year 1944 hour 9 minute 9 M.

4. Sex Female 5. Color W race
(b) Name of husband or wife T. M. Brogg
(c) Age of husband or wife if alive 20 years 1860
7. Birth date of deceased: 11-20-1924 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20-1944 to 4-11-1944 that I last saw him alive on 4-11-1944 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 8 Days 4 If less than one day hr. min.

Immediate cause of death: Chronic myocardial
Due to: General arterio-sclerosis

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

Due to: General arterio-sclerosis

10. Usual occupation: WTL

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 93d

MOTHER FATHER
11. Industry or business
12. Name: Elm Henry Pollard
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Mary A. Brogg
15. Birthplace: Mo (City, town, or county) (State or foreign country)

Of autopsy: 93d
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?

16. (a) Informant: Brogg
(b) Address:

While at work? (Specify type of place)
(e) Means of injury

17. (a) Removal: Removal (b) Date thereof: 4-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: East Hardway
18. (a) Signature of funeral director: Colia W. S.
(b) Address:

Signature: T. E. Sherrill (M. D. or other)
Address: Fulton Mo Date signed: 4-11-44

19. (a) 4-11-1944 (Date received local registrar)
(b) Joie Morant Hoff (Registrar's signature)

Address: Fulton Mo Date signed: 4-11-44

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

114
1
2

REC'D
District Health Office

District File Number

Date Filed 5-8-44

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Esolia - 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.