

FILED SEP 7 1944

Registration District No. **31944**

Primary Registration District No. **5112**

Registrar's No. **39**

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

1. PLACE OF DEATH:

(a) County... **Bollinger**

(b) City or town... **Rural Lorance**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution...
In this community... **All her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Marish Debrock**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years **17** 1862

7. Birth date of deceased... **Dec 17** 1862
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **3** If less than one day hr. min.

9. Birthplace... **Perry Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **House Wife**

11. Industry or business...

MOTHER FATHER

12. Name **Mark Horrell**

13. Birthplace... **Perryville Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name... **Don't know**

15. Birthplace... **Perryville Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Doris Henry Anger**
(b) Address **Leopold Mo**

17. (a) **Burial** (b) Date thereof **Aug 22 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Leopold, Mo**

18. (a) Signature of funeral director... **Baker Funeral Home,**
(b) Address **Lutesville, Mo.**

19. (a) **8/22/44** (b) **Mrs. Geneva Debrock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo** (b) County... **Bollinger**

(c) City or town... **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No... **near Leopold**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **20th** year **1944** hour **6** a.m. minute **P.** M.

21. I hereby certify that I attended the deceased from ... 19 ... to ... 19 ...
that I last saw h... alive on ... 19 ...
and that death occurred on the date and hour stated above.

Immediate cause of death... **Hypostatic Pneumonia** Duration
Due to Capillary nose with Metastasis

Other conditions... **Atherosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations... **53** **PHYSICIAN**
Of autopsy... 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

23. Signature... **John J. ...** (M.D. or other)
Address... **Lutesville** Date signed **8/27/44**

RECEIVED

District Health Officer No. 4
District File Number 944-4259
Date Filed 9-6-44

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.....

.....
- Licensed Embalmer No. 4010

P. O. Address Buttsville, 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.