

FILED JUN 4 1945

Registration District No. 194

Primary Registration District No. 5711

Registrar's No. 11

1. PLACE OF DEATH:

(a) County MCDona'd
(b) City or town Rural Ekhorn Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stella, mo. x/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 50 Yrs,
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDona'd
(c) City or town Rural
Ekhorn TWP, Stella MO, R.F.D. # 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Brook

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 22, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 3 hr. min.

9. Birthplace MCDona'd County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Newton Brook Nashville Tenn

13. Birthplace Nashville, Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Lamma Bullard

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Verdie Murphy

(b) Address Stella MO,

17. (a) Burial (b) Date thereof 12-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Owsley Cemetery

18. (a) Signature of funeral director Chas. W. [Signature]

(b) Address Goodman MO,

19. (a) May 28, 1944 (b) D. E. Plumber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from approximately
10 years, 1930 to Dec 13, 1940
that I last saw him alive on Dec 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to High blood pressure

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

Of autopsy _____

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) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) _____

Address Stella MO Date signed 12/14/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1066

DELAYED DEATH CERTIFICATE OF ARMINDA ANN BROCK

Notorized affidavit signed by W. J. Owsley of Goodman, Missouri, stating that he was well acquainted with Arminda Anna Brock during her life time, and said that Arminda Brock and Anna Brock was one and the same person. He further stated that he knew her for more than Fifty years.

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 Merrell Dicketts
Licensed Embalmer No. H/66
P. O. Address Goodman 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, facts should be so stated above.