S. No. 2
M—2-43
. 5-17-39
P1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41924

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 49

1. PLACE OF DEATH:
(a) County NEW MADRID
(b) City or town Rural Portage twp
(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 ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME Mrs. Ada Vivian Brock
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 WIDOWED
6. (b) Name of husband or wife HENRY BROCK
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 25 (Day) 1882 (Year)
8. AGE: Years 63 Months 3 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business .....
MOTHER FATHER
12. Name HENRY L. BRANDENBURG
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name MANDY GILBERT
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant JAMES BROCK
(b) Address PORTAGEVILLE R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 12-45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ PORTAGEVILLE CEMETERY
18. (a) Signature of funeral director W. B. Smith Funeral Home
(b) Address CARUTHERSVILLE MO
19. (a) 12-14-45 (Date received local registrar) (b) Ellen Deluse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1945 hour 11 minute 20 a. M.
21. I hereby certify that I attended the deceased from Oct. 21 1945 to Nov. 10 1945 that I last saw him alive on Oct 21 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 wk
Due to Hypertension	5 yrs
Due to Arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature John Killian (M. D. ~~or other~~)
Address Portageville Mo. Date signed 12-14-45

1364

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 146-84
Date Filed 1-10-46

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 L McCann

Licensed Embalmer No. 2727

P. O. Address Caribou Me

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.