S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4583

FILED MAR 5 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 179

39
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hr 5 min (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 910 S. Campbell 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mabel Glen Brock
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Fred B. Brock
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 18 (Day) 1892 (Year)

8. AGE: Years 55 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Cisne, Ill. (City, town, or county) (State or foreign country) 1
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Leonidas Isaac Murphy
13. Birthplace Cisne, Ill (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Reid
15. Birthplace Cisne, Ill (City, town, or county) (State or foreign country) 1
16. (a) Informant Mr. Frederick Brock
(b) Address 910 S. Campbell
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-25-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Cisne, Illinois
18. (a) Signature of funeral director Alma Lohmeyer Fuel Home
(b) Address Springfield, Mo.
19. (a) 2-29-48 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1948 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from Feb 22, 1948, to Feb 24, 1948; that I last saw her alive on Feb 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Disease	2 yrs.
Due to Chron Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

PHYSICIAN
Underline the cause of 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 2 ✓

23. Signature E. L. Williams (M. D. or other), DO
Address 318½ College St. City Date signed 24 Feb 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Cusne, Ill

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 Julian R. Hoodin, Registered Apprentice No. 473, working under my personal supervision.

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.