S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 764

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9211

Primary Registration District No. 3032

Registrar's No. 35

51
29
22

1. PLACE OF DEATH:
(a) County Johnson County, Missouri
(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 209 E. North St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Deane Brock
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widwo 9
6. (b) Name of husband or wife Oscar Broc, Deceased.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 4th 1872 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	4	15	hr. min.

9. Birthplace Johnson County, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House wife.
11. Industry or business
FATHER 12. Name John H. Ogle.
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen E. Ogle ?
15. Birthplace Pa.
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Dadie Brock.
(b) Address Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation SunSet Hill.
18. (a) Signature of funeral director R.A. Brauninger
(b) Address Warrensburg, Mo.
19. (a) Mar. 23, 1948 (Date received local registrar) (b) Barbara Christeleit (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th. year 1948 hour 3 minute 45 A. M.
21. I hereby certify that I attended the deceased from 3-19-48, 19..., to 3-19-1948, 19...; that I last saw her alive on 3-19-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	6 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0 4 A
Of autopsy:

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
23. Signature Rhee Cooper (M. D. or other)
Address Warrensburg, Mo. 3-20-48 Date signed 3-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.