REC'D APR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11501
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No.
(b) Township — Primary Registration District No. — Registered No.
or
(c) City Macon R R d Mo — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOUIS BROONER
(a) Residence, No. 651 Macon Co St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Brooner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-13-1865
7. AGE 73 YEARS 4 MONTHS 13 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale 2nd
FATHER
13. NAME Daniel Brooner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Know
MOTHER
15. MAIDEN NAME Amy Brooner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Know
17. INFORMANT (ADDRESS) Mrs Dewey Miller
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Million & Bartelle Clarence, Mo
20. FILED ....19 ....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-26 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1938 to Mar 27, 1939
I last saw him alive on Mar 15, 1939 Death is said to have occurred on the date stated above, at 630 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1937

Other contributory causes of importance: none

Name of operation Colostomy Date of Oct 20 38
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D L Harlan M. D.
(Address) Clarence Mo
471

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. No. 2.
50M-9-1938
I X16605

RECEIVED
District Health Officer No. 10
District File Number 10-39-617
Date Filed APR 13 1939

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 Henry A Bartelsen

Licensed Embalmer No. 38 35

P. O. Address Shelbina - 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11801
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No. 533
(b) Township Round Grove — Primary Registration District No. 5721 — Registered No. 49
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Brooner
(a) Residence, No. Macon Mo St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Brooner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1865
7. AGE: YEARS 73 — MONTHS 4 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Daniel Brooner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Amy Brooner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dewey Miller
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE ..... 19..
19. FUNERAL DIRECTOR (ADDRESS) Million & Barkelred Clarence Mo
20. FILED 5/15 1939 Leota Newton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 26 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1938 to Mar 27, 1939
I last saw him alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 6-30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon — Date of onset Oct 20 '38
Other contributory causes of importance: None
Name of operation Colostomy Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. L. Harlan, M. D.
(Address) Clarence Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
WITH UNFADING INK—THIS IS A PEN.