

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1914

State File No. ....

Registration District No. 8

Primary Registration District No. 5728

Registrar's No. 1

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town Rural - Wayne Tws.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution R.F.D.#6 St. Joseph, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether)  
 In this community 50 years  
 years, months or days

3. (a) PRINT FULL NAME Geneva Bromley  
 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 widowed  
 6. (b) Name of husband or wife O.M. Bromley  
 6. (c) Age of husband or wife if alive 7 years  
 7. Birth date of deceased: April 7 1880  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>6</u>	hr. min.

9. Birthplace Winterset Iowa.  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
 12. Name James T. Hildebrand  
 13. Birthplace Unknown Penn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rosetta Gregg  
 15. Birthplace Unknown Iowa.  
 (City, town, or county) (State or foreign country)

16. (a) Informant W.H. Hildebrand  
 (b) Address R.F.D.#6 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 15, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director H.O. Sidenfaden & Son  
 (b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Jan 18-41 (b) Ed Davis 918  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D.#6 St. Joseph.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th  
 year 1941 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 13 1941 to Jan 13 1941  
 that I last saw her alive on Jan 7 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Embolism  
 Due to Chronic Endocarditis Mar. 1939  
 Due to Streptococcus infection Septicemia Jan 1939  
 Other conditions (Include pregnancy within 3 months of death)  
None

Major findings:  
 Of operations None  
 Of autopsy None  
 PHYSICIAN J. D.  
 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?  
 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. D. Gross (M. D. or other) Dr.  
 Address 5008 King Hill Date signed 1-14-41

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**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..... *Eleon E. Hodges*.....

Licensed Embalmer No. *2729*.....

P. O. Address..... *St. Joseph, 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.**