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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 23 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15336**

Registration District No. **623** Primary Registration District No. **4874** Registrar's No. **4**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Guilford**
(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
In this community **25 years** years, months or days)

3. (a) PRINT FULL NAME **Harry Brosious**
3. (b) If veteran, **No** name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nyrtle Reed** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **March 3 1873**
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Hannibal, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Jacob K Brosious**

13. Birthplace **Shomokin, Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucinda Davis**

15. Birthplace **Hancock, Ohio.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs H Brosious**

(b) Address **Guilford, Mo.**

17. (a) **Burial** (b) Date thereof **4/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parrells mo**

18. (a) Signature of funeral director **W. C. Reynolds**

(b) Address **Guilford, Mo.**

19. (a) **4/24/41** (b) **W. D. McElvanahan**
(Date received local registrar) (Assistant Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Guilford**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NA** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**
year **1941** hour **10:20** minute **A** M.

21. I hereby certify that I attended the deceased from **April 23 1941** to **April 23 1941**
that I last saw him alive on **March 23 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic valvular disease**
Broncho-pneumonia
Duration **2 years**
10 days

Due to **Poisoning from explosive gas fumes several years ago.**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **92H**
Of operations _____

Of autopsy **None**

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? **554**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. D. Barnett** (M. D. or other) _____

Address **Guilford Mo** Date signed **4/24/41**

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.