No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

Registration District No. 434

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5620A

State File No. 28691

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Lafayette Middleton Twp

(b) City or town ~~Alma, Missouri.~~ (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 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 054

(a) State Missouri (b) County Lafayette

(c) City or town Alma. Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ernest Friedrich Brockman,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 7, (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	7	hr. min.

9. Birthplace Concordia, Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Brockman,
13. Birthplace Concordia, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Caroline Olensehl,
15. Birthplace Concordia, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Otto Brockmann

(b) Address Alma, Mo.

17. (a) Alma Luth, Cem. (Burial, cremation, or removal) (b) Date thereof July 16 '41 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director A H Bremer

(b) Address Alma, Mo.

19. (a) July-15-1941 (Date received local registrar) (b) Mrs Frank McClure (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th, year 1941 hour four minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-29-1940, 19 to 7-7-, 1941, that I last saw him alive on 7-7-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to 92B

Due to

Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. W. Fischer (M. D. or other) D

Address Alma, Mo. Date signed 7-15-'41.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-41

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 A. H. Bremer, Registered Apprentice No. ~~2696~~ working under my personal supervision.

Signed A H Bremer

Licensed Embalmer No. 2696

P. O. Address Alma, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.