

FILLED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35756

Registration District No. 676

Primary Registration District No. 4402

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Newburg Mo.  
(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 11 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Newburg  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24  
year 1941 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on Sept 24, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide  
Suicidal wound in  
left breast

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 164c

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) Suicide  
(b) Date of occurrence Sept 24, 1941  
(c) Where did injury occur? In home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In private home  
(Specify type of place) (e) Means of injury Suicidal

23. Signature P. S. Full  
Address Rose Date signed 9-24-41

3. (a) PRINT FULL NAME Virgil John Brockman

3. (b) If veteran, 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 Eva Brockman 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased July 22 1914  
(Month) (Day) (Year)

8. AGE: Years 27 Months 2 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sheridan County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dan Brockman  
13. Birthplace maries County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosa Jerome  
15. Birthplace maries County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Brockman

(b) Address Newburg Mo.

17. (a) Burial (b) Date thereof Sept 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Joseph Lee Johnson  
(b) Address Newburg Mo.  
19. (a) Sept 25 1941 (b) Lee Johnson  
(Date received local registrar) (Registrar's signature)

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

11  
1  
0

RECEIVED

District Health Officer No. 5,

District File Number 10412040

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. 3397

P. O. Address Newbury 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.