

FILED DEC 5 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 2719 Sacramento Street,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether
 In this community 45 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Buchanan
 (c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2719 Sacramento Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ada L. Brokaw,
 3. (b) If veteran, name war None,
 3. (c) Social Security No. None,

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November, 29th,
 year 1942 hour 6:00 minute 10 am.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed,
 6. (b) Name of husband or wife James M. Brokaw,
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 29th, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9-42
 Nov 28, 1942 to Nov 28, 1942
 that I last saw her alive on Nov 27, 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	82	4	29 hr. min.

Immediate cause of death
 Coronary Thrombosis
 Due to Arteriosclerosis
 Due to Chronic Hypertension
 Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Rockford, Illinois,
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home,

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name John Youngman
 13. Birthplace Youngstown, Pennsylvania,
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Graham,
 15. Birthplace Dehli, New York,
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Brokaw
 (b) Address 2719 Sacramento Street,
 Burial (b) Date thereof 11/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Mount Mora Cemetery
 18. (a) Signature of funeral director
 (b) Address 319 So. 10th Street, Floriss
 19. (a) 11-30-42 (b) Rose Helgoy
(Date received local registrar) (Registrar's signature)

While at work?
(Specify type of place) (e) Means of injury
 23. Signature Mustaf Khan (M. D. or other) M.D.
 Address Kirkpatrick Bldg. St. Joseph Date signed 11/28/42

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 11-78-42
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St., Memphis, Tenn.

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.