

FILED APR 9 1943

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether)

In this community XXXX years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton

(c) City or town Cameron
(If outside city or town limits, write "RURAL")

(d) Street No. East 3rd.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Ambrose Brockman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd.
year 1943 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 9 1943 to Mar 4 1943
that I last saw him alive on Mar 3 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XXX

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

7. Birth date of deceased December 18th. 1869

Immediate cause of death Solar Pneumonia

Due to Prutato trouble

Other conditions (Include pregnancy within 3 months of death) 108

8. AGE: Years 75 Months 2 Days 15
If less than one day hr. min.

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?.....
(City or town) (County) (State)

(e) Means of injury.....

23. Signature Timothy James (M. D. or other)
Address Cameron, Mo. Date signed 3/4/43

9. Birthplace Creelsburg Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer on pension

11. Industry or business.....

12. Name John Brockman

13. Birthplace Creelsburg Ky
(City, town, or county) (State or foreign country)

14. Maiden name Susan Blankenship

15. Birthplace Creelsburg Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Loren Brockman
(b) Address Cameron, Mo.

17. (a) Buried (b) Date thereof 3-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
Smith Fork, Co. Clinton

(c) Place: burial or cremation.....

18. (a) Signature of funeral director D. Moore
(b) Address Cameron, Mo.

19. Mar 5. 1943 Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

Duration 30 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15

10 85

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. 1180

P. O. Address Cameron, 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.