

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18336

Do not use this space.

FILED JUN 10 1943

1. PLACE OF DEATH

(a) County Macou Registration District No. 203

(b) Townshp. Luda Primary Registration District No. 57360

(c) City Atlanta mo (d) Street No. 1211 St. _____

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Donald Brockman

(a) Residence, No. _____ St. (If nonresident, give city or town and State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 0 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as saw mill, bank, etc. Minister

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co mo

FATHER 13. NAME Thomas Brockman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co mo

MOTHER 15. MAIDEN NAME Lina Wasser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perme!

17. INFORMANT Thomas Brockman (ADDRESS) Atlanta mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Tabor DATE May 3 1943

19. FUNERAL DIRECTOR (NAME) Funerobros (ADDRESS) Atlanta mo

20. FILED June 3 1943 mo A. L. Cambr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1943

22. I HEREBY CERTIFY, that I attended deceased from Dec. 10 1942 to Apr. 30 1943.

I last saw him alive on Apr. 29 1943. Death is said to have occurred on the date stated above, at 11 A.P. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Uremia

Date of onset 1929
4-27-43

Other contributory causes of importance: 61

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. H. Quisenberry, M. D.
(Address) La Plata mo

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 6-43-1001

Date Filed JUN 8 1943

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,

J. M. Goodding or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *J. M. Goodding*

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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, above space should be left blank.