

No. 2
1-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18598

State File No. _____

FILED JUN 12 1944

Registration District No. 2

Primary Registration District No. 3042

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

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

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

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

If yes, name country L

3. (a) PRINT FULL NAME FRANK DIDRIEK BROKER

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5/13/44 to May-18-1944 and that I last saw him alive on May-18-1944 and that death occurred on the date and hour stated above.

4. Sex M. Color or race W.

5. Color or race W.

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

6. (b) Name of husband or wife Dora Broker

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 23, 1869
(Month) (Day) (Year)

Immediate cause of death Gastro Enteritis complicated by Malaria

Due to Obese heart

Due to _____

8. AGE: Years Months Days If less than one day

75 1 25 hr. min.

Other conditions (Include pregnancy within 3 months of death) 117 a

MOTHER FATHER

11. Industry or business L

12. Name Aberhart Broker

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

14. Maiden name Caroline
(City, town, or county) (State or foreign country)

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

PHYSICIAN

Major findings: 117 a

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dora Broker

(b) Address _____

17. (a) Burial (b) Date thereof May 21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation add Yellow Springs, Madison Co, Mo

18. (a) Signature of funeral director W. H. Helt

(b) Address Fredenicktown, Mo

19. (a) May 20 1944 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence L

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? L (e) Means of injury L

23. Signature M. B. Barber (M. D. or other) _____
Address Fredenicktown, Mo Date signed 5/21/44

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

RECEIVED

District Health Officer No. 4

District File Number 644-395

Date Filed 6-9-44

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 John S. Holt

Licensed Embalmer No. 4264

P. O. Address Federicktown, Md.

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.