

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 7/1944

Primary Registration District No. 3012

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Excelsior Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
In this community 7 Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Furnace

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August Fredrick Broeker

3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
Year 1944 hour 11:35 minute 00 A.M.

4. Sex male 5. Color or Race W

6. (a) Name of husband or wife Lezema Marie 6. (b) Single, widowed, married, divorced m

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 15 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20 to Oct 30, 1944, that I last saw him alive on Oct 30, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 2 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 12 Day

Due to Hypertension & arterial Sclerosis Several years.

9. Birthplace Plattsmouth Neb (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

Other conditions g3a
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Frantz Broeker

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

14. Maiden name Louise Egger

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

Major findings: g3a
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lezema Marie Broeker

(b) Address Artesian, Nebraska

17. (a) buried (Burial, cremation, or removal) (b) Date thereof 10-30-44
(Month) (Day) (Year)

(c) Place: burial or cremation Artesian Neb

18. (a) Signature of funeral director Edmund

(b) Address Excelsior Springs, Mo

19. (a) 10-30-44 (Date received local registrar) (b) Miss Sadie Redman (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John F. Trall (M. D. or other) M.D.
Address Excelsior Springs, Mo Date signed 10/30/44

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

1910
Knoxville

Intentional

RECEIVED

of Health

August 1910

JAN 22 1910

1-6-14

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 *Carl Rapp*
Licensed Embalmer No. *3458*
P. O. Address *St. Louis, 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.