

FILED JAN 12 1945

Registration District No. **2**

Primary Registration District No. **3017**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County **Cooper**
 (b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Joseph Hospital.** **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Weeks.**
(Specify whether
 In this community **Most of life.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **27**
 (c) City or town **Near Lone Elm, Mo.** **0**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. **Rural**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **—** **0**

3. (a) PRINT FULL NAME **Mrs. Mary Mills.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3 Divorced**

6. (b) Name of husband or wife **??** 6. (c) Age of husband or wife if alive **??** years

7. Birth date of deceased **May 15 1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **19** If less than one day hr. min.

9. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.** **1**

11. Industry or business **At home.**

MOTHER FATHER { 12. Name **Henry Brokamp**

13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown.** **7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Emma Stephens.** **1**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 7 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarks Fork Lutheran Cooper Co., Mo.**

18. (a) Signature of funeral director **Woodman Proctor**

(b) Address **Boonville, Mo.**

19. (a) **Dec 9-44** (b) **Dr. Chas. Swap.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4**
 year **1944** hour **6** minute **p.** M.

21. I hereby certify that I attended the deceased from **Nov. 28 1944** to **Dec 4 1944**
 and that I last saw her alive on **12-6-44** 19 **44**

Immediate cause of death **nephritis chronic interstitial** Duration **1 yr**

Due to **—**
 Due to **—**

Other conditions **Myocarditis, chronic** **7**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None** **31a** PHYSICIAN **—**

Of autopsy **None** Underline the cause to which death should be charged statistically.

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? **Cem.**

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

23. Signature **—** (M. D. or other) **M.D.**
 Address **Boonville, Mo.** Date signed **12/6/44**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-70

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 G. F. Roller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.