S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16976

State File No.

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Home 424 E 18th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Trenton 4/7
(If outside city or town limits, write "RURAL")

(d) Street No. 424 E 18th
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME William Brodie

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Barbara Brodie

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

7. Birth date of deceased Jan (Month) 25 (Day) 1875 (Year)

8. AGE: Years 70 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Kilmarnock (City, town, or county) Scotland (State or foreign country)

10. Usual occupation operator at water works

11. Industry or business Municipal Light + Power Co

FATHER
12. Name James Brodie
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant John G. Brodie
(b) Address 424 E 18th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation K.P. Cem. Trenton

18. (a) Signature of funeral director Gipson Funeral Home
(b) Address 1314 Cedar Trenton

19. (a) 5-5-45 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1945 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from May 3, 1945, to May 3, 1945, that I last saw him alive on May 3, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to Arterio Sclerosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Duffy (M. D. ~~or other~~)

Address Trenton Mo Date signed May 4 45

1330

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 Wesley H Bradford

Licensed Embalmer No. 4370

P. O. Address Trenton 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.