

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30019**
Registrar's No. **30019**

FILED OCT 15 1945

Registration District No. 2 Primary Registration District No. 4009

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Powoumah
(c) Name of hospital or institution: Powoumah Med
(d) Length of stay: In hospital or institution abt 2 yrs
In this community abt 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Andrew
(c) City or town Powoumah
(d) Street No. ---
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME EDITH-E-BROCKETT
3. (b) If veteran, name war NO
3. (c) Social Security No. 710

20. DATE OF DEATH: Month Sept day 14
year 1945 hour 8:30 minute P M.

4. Sex Female 5. Color Wh
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Lawrence Brockett
6. (c) Age of husband or wife if alive --- years

21. I hereby certify that I attended the deceased from 12.13.44 to 9.14.45
that I last saw him alive on 9.14.45
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 5 1876
8. AGE: Years 74 Months 3 Days 9 min. ---

Immediate cause of death Coronary thrombosis
the rheumatic endocarditis.
Duration 12 hrs.
Due to ---
Due to ---

9. Birthplace Spring Lake Iowa
10. Usual occupation House work

Other conditions (Include pregnancy within 3 months of death)
Major findings of operations ---
Of autopsy ---

11. Industry or business ---
12. Name Samuel E Evans
13. Birthplace Peoria
14. Maiden name Ellen Wallace
15. Birthplace Miss

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

16. (a) Informant Dr Evans
(b) Address St Joseph Mo
17. (a) (b) Date thereof Sept 17 1945
(c) Place: burial or cremation St Marys Funeral Home

23. Signature J. P. Reese (M. D. or other) ---
Address St Joseph Mo Date signed 9.15.45

18. (a) Signature of funeral director ---
(b) Address ---
19. (a) 9-15-45 (b) William Sparks

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

2
1
0

Dr. Reiser
301708

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 John Roy Atoney

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.