

FILED Oct 15 1945

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 3021 Main Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Campbell Brosius

3. (b) If veteran, name war World War I 3. (c) Social Security No. 510-09-8614

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Brosius 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 9 hr. _____ min.

9. Birthplace Atlanta Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation service engineer

11. Industry or business Gas Service Co.

12. Name George Brosius

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

14. Maiden name Caroline Griffin

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

16. (a) Informant Mrs. Ethel Brosius

(b) Address 3021 Main, Joplin, Missouri

17. (a) removal (b) Date thereof 10/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson, Kansas

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin Missouri

19. (a) 10-2-45 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1945 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 15
19.45 to Sept. 28 1945
that I last saw him alive on Sept. 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to ruptured appendix. 13 days

Due to Appendectomy.

Other conditions 121
(Includes pregnancy within 3 months of death)

Major findings: ruptured appendix

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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)
(c) Means of injury _____

23. Signature Ed James (If other)
Address Frisco Bldg, Joplin Mo Day signed 19/1/45

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

9
2
5

1404

45-9-804

JAN 24 1947
JAN 24 1947

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 Stew Parker

Licensed Embalmer No. 2548

P. O. Address Josephine

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.