

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

29262

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED AUG 20 1946 STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 321

Primary Registration District No. 4470

Registrar's No. 125

**1. PLACE OF DEATH:**  
 (a) County Saline  
 (b) City or town Arrow Rock  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution /  
(Specify whether)  
 In this community All his life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Saline  
 (c) City or town Missouri Arrow Rock  
(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** Frank Holmes Brockway  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 21<sup>st</sup> year 1946 hour 3 minute 17 M.  
 21. I hereby certify that I attended the deceased from April 1946 to July 27 1946  
 that I last saw him alive on July 27 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Roberta Brockway  
 6. (c) Age of husband or wife if alive 42 years  
 7. Birth date of deceased September 13th, 1864  
(Month) (Day) (Year)

Immediate cause of death Myocarditis -  
 Due to atrophic cirrhosis  
 Due to non functional gall bladder  
 Other conditions /  
(Include pregnancy within 3 months of death)  
 Major findings: 124B  
 Of operations /  
 Of autopsy no

8. AGE: Years Months Days If less than one day  
81 10 18 hr. min.

9. Birthplace Trimble county Ohio  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired farmer

11. Industry or business  
 12. Name Urahiel Brockway  
 13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Helen Jane Anderson  
 15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) .....

16. (a) Informant Mrs. Sarah Brockway  
 (b) Address Arrow Rock, Mo.  
 17. (a) Burial (b) Date thereof Aug. 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Arrow Rock, Mo.

(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? ✓  
(Specify type of place)  
 While at work? / (e) Means of injury /  
 18. (a) Signature of funeral director Campbell  
 (b) Address Marshall Mo.  
 19. (a) Aug 7, 1946 (b) Mrs. W.E. Shackelford  
(Date received local registrar) (Registrar's signature)  
 20. Signature L. Lawless (M. D. or other)  
 Address Marshall Mo. Date signed 8-1-46

18. (a) Signature of funeral director Campbell  
 (b) Address Marshall Mo.  
 19. (a) Aug 7, 1946 (b) Mrs. W.E. Shackelford  
(Date received local registrar) (Registrar's signature)

291 (Licensed Embalmer's Statement on Reverse Side)

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

28130

7  
0  
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8-17-46

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**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..... *R. W. Campbell Jr.*  
Licensed Embalmer No. *3469*  
P. O. Address. *Marshall, 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.**