

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9858
Registrar's No. 20

Registration District No. 179 Primary Registration District No. 5671

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Tuxton
(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 In This Community
years, months or days 2 years

3. (a) PRINT FULL NAME Anna Bromant
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Heinrich Bromant
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 700 15 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 15
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Blaska
13. Birthplace Pelland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Pelland
(City, town, or county) (State or foreign country)

16. (a) Informant Heinrich Bromant
(b) Address Tuxton Missouri

17. (a) Burial (b) Date thereof 4-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wayne Mc Coy
(b) Address Troy Mo

19. (a) 4-5-1947 (b) Emma R. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Tuxton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

20. DATE OF DEATH: Month March day 30
year 1947 hour 1 minute 50 P. M.
21. I hereby certify that I attended the deceased from
Jan 1, 1947 to March 30, 1947
that I last saw her alive on month 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature J.H. Loomis (M. D. or other)
Address Troy Mo Date signed 4-1-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date Filed 7-5-47

District File Number

District Health Officer No. 9,

RECEIVED

7
1947
MAY 23

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: *Wayne McCoy*

Licensed Embalmer No. *3586*

P. O. Address: *Troy 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