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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1947

Registration District No. 280

Primary Registration District No. 6-9-64

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural # 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles east Parkville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
In this community 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Platte 83

(c) City or town RFD # 2 - 3 miles NE Parkville
(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 Dora Dean Brockman

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month March day 8
year 1947 hour 4 minute 10 P.M.

MEDICAL CERTIFICATION

5. Color White

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

6. (b) Name of husband or wife George J. Brockman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. 22 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3 years before immediately, 19 after death, 19 _____ ; that I last saw her alive on _____, 19 _____ ; and that death occurred on the date and hour stated above.

Immediate cause of death Supposedly Coronary Occlusion

Duration 30 min

8. AGE: Years 63 Months 1 Days 16
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 94A

Of operations _____

11. Industry or business Farm

Of autopsy _____

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

12. Name John L. Johnson

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

14. Maiden name Sally Brown

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

16. (a) Informant Alex J. Brockman

(b) Address RR-2 Parkville MO

17. (a) Burial (b) Date Mar 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Slope Cemetery

18. (a) Signature of funeral director Leland H. Francis

(b) Address Parkville MO

19. (a) Mar 20 1947 (b) Mrs. Ophelia Rollins
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Glendonwood (M. D. number) _____

Address Parkville MO Date signed 3/10/47

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

83
0
0

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Leand H Francis

Licensed Embalmer No. *3457*

P. O. Address *Parkville 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.