S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947
Registration District No. 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37458

Primary Registration District No. 4131

Registrar's No. 138

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Avondale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, 118 Jaudon St., Avondale, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Avondale 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 118 Jaudon St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: X 0

3. (a) PRINT FULL NAME: EVA LUE BROCKMAN
3. (b) If veteran, name war: X
3. (c) Social Security No.: X

4. Sex: Female 1
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Victor Brockman
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: October (Month) 25 (Day) 1883 (Year)

8. AGE: Years 64 | Months 1 | Days 8 | If less than one day: x hr. x min.

9. Birthplace: Randolph County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: same

FATHER
12. Name: Aberham Burton 9
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Mildred Ellis 9
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mr. William Sterling Brockman
(b) Address: Moberly, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly, Mo.
18. (a) Signature of funeral director: Morton-Smith F.H.
(b) Address: 832 Armour Rd. N.K.C., Mo
19. (a) Dec 3rd 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 13

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 3rd
year: 1947 hour: 2 minute: 20 A.M.
21. I hereby certify that I attended the deceased from 11-30-47, 19..., to 12-2, 1947
that I last saw her alive on 12-2, 1947
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Bronchopneumonia - Terminal
Due to: Congestive Heart Failure
Due to:
Other conditions (include pregnancy within 3 months of death):

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

Major findings:
Of operations: 17
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [illegible] M.D. (M. D. or other)
Address: 2025 Swift N.K.C. Mo Date signed: 12-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-11-47

DEC 17 1941

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 Chester L. Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N.K.C. 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.