

No. 2
5-43
5-17-39
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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. **41103**

FILED JAN 15 1948
Registration District No. **32**

Primary Registration District No. **6296**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Rural Route #2 Whitewater**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Kinder Park**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Whitewater Kinder Park**
(If outside city or town limits, write "RURAL") **16**
(d) Street No. **Rural Route #2**
(If rural, give location) **9**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Bernard Theodore Brockmeyer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**

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

7. Birth date of deceased **Nov. 21, 1936**
(Month) (Day) (Year)

8. AGE: Years **11** Months **0** Days **29** If less than one day hr. min.

9. Birthplace **St. Louis County, Missouri**
(City, town, or county) (State or foreign country) **6**

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Herman Brockmeyer**

13. Birthplace **Apple Creek, Mo.**
(City, town, or county) (State or foreign country) **0**

14. Maiden name **Margaret Meyer**

15. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country) **0**

16. (a) Informant **Herman Brockmeyer**

(b) Address **Whitewater, Mo. Route #2**

17. (a) **Burial** (b) Date thereof **12/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director: **L. L. Haman**

(b) Address **Cape Girardeau, Mo.**

19. (a) **1-6-48** (b) **D. G. Fisher**
(Date received local registrar) (Registrar's signature) **113**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21,** year **1947** hour **4** minute **15** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage and severe traumatic shock.**

Due to **accidentally self inflicted shot gut wound**

Due to **while hunting.**

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

Major findings: Of operations _____

Of autopsy **184-27**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 16**

(b) Date of occurrence **Dec. 21, 1947**

(c) Where did injury occur? **Whitewater Cape Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On Pittman Farm - 2 mls south west of Whitewater**

While at work? **no** (Specify type of place) (e) Means of injury **shot gun**

23. Signature **Dr. J. F. Lyman** **Coroner**

(M.D. or other) **3**

Address **Jackson, Mo.** Date signed **12/29/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4

148-68

1-1#-48

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cop. G. ...

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.