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12-45  
5-17-39  
I X47070

FILED DEC 26 1947

State File No. \_\_\_\_\_

Registration District No. 237

Primary Registration District No. 3048

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours.  
(Specify whether years, months or days)

In this community 2 Hours.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville  
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francis Hospital 3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME KAY BROERMANN

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*\*\*

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased December 7, 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Donald Broermann

13. Birthplace Atchison County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Campbell

15. Birthplace Nashville, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Broermann

(b) Address Maryville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Westboro, Mo.

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) Dec. 8, 1947 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th  
year 1947 hour 12 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 7, 1947 to Dec 7, 1947  
that I last saw her alive on Dec 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acrophalus pneumonia 6 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 159

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 W. C. Bariman (M. D. or other) M.D.

Address 131 So. Main, Maryville signed 12/10/47

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

MOTHER FATHER

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..... *Alan M. Price* <sup>not</sup>

Licensed Embalmer No..... *1822*

P. O. Address..... *Mayville 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.**