National Office of Vital Statistics
FILED JUL 12 1948
Registration District No. 784

STANDARD CERTIFICATE OF DEATH

State File No. 022003-on
Primary Registration District No. 3038
Registrar's No. 56

1. PLACE OF DEATH
(a) County: Linn
(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn 58
(c) City or town: Brookfield (If outside city or town limits, write "RURAL") 1
(d) Street No.: 324 W. Wood (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: EDWARD MUNN VROOM
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: W. 2
6. (b) Name of husband or wife: Dora Bell Vroom
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 28 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	24	hr. min.

9. Birthplace: Crete (City, town, or county) Neb (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER
12. Name: Ellis Vroom
13. Birthplace: DK (City, town, or county) N.J. (State or foreign country)
MOTHER
14. Maiden name: Eliza Palmer
15. Birthplace: DK (City, town, or county) DK (State or foreign country) 9
16. (a) Informant: V. D. Vroom
(b) Address: Brookfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill
18. (a) Signature of funeral director: Hill Funeral Home
(b) Address: Brookfield Mo
19. (a) 6-29-48 (Date received local registrar) (b) Walter Brown (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1948 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from June 14, 1948, to June 22, 1948, that I last saw him alive on June 22, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	8 days
Due to: Hypertension	2 yrs.
Due to: Arteriosclerosis	2 yrs.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: none	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury:
23. Signature: W. B. Simpson (M. D. or other) DO
Address: Brookfield, Mo Date signed: 6-27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 J. W. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.