

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

Registration District No. 137 Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry Co
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry Co
(c) City or town 302 N Washington
(If outside city or town limits, write "RURAL")
(d) Street No. Clinton Mo 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARSHALL KNOX BRONAUGH
3. (b) If veteran, name war _____
3. (c) Social Security No. C

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 23
year 1945 hour 2:50 minute A. M.
21. I hereby certify that I attended the deceased from 12-18
1945, to 12-23 1945;
that I last saw him alive on 12-22 1945;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hallie Bronaugh 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 4-16-1865
(Month) (Day) (Year)

Immediate cause of death myocarditis
Due to Chronic cystitis & enlarged prostate
Due to _____
Other conditions Infarction
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 8 Days 7 If less than one day hr. min.
9. Birthplace Calhoun MO
(City, town, or county) (State or foreign country)
10. Usual occupation grocery merchant

Major findings:
Of operations _____
Of autopsy 932

11. Industry or business
12. Name Dr John W Bronaugh
13. Birthplace va
(City, town, or county) (State or foreign country)
14. Maiden name George R Knast
15. Birthplace Henry Co MO
(City, town, or county) (State or foreign country)

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 on or about home, on farm, in industrial place, in public place?
While at work _____ (Specify kind of work)
(e) Means of injury _____
23. Signature W. Walker (M. D. or other) _____
Address Clinton Mo Date signed 12-24-45

16. (a) Informant ning Witherspoon
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 12-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shaurne mound
18. (a) Signature of funeral director Fred Witherspoon
(b) Address Clinton Mo
19. (a) 12-27-45 (b) B. P. Kennedy
(Date received local registrar) (Registrar's signature)

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

JUL 74

12-45-1370
1-15-46

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..... *Fred Wilkerson*
Licensed Embalmer No. *2478*
P. O. Address..... *Clinton, 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.