

No. 2
-1/47
-17-39

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED NOV 18 1947
Registration District No. 737

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37888
State File No. _____
Registrar's No. 234

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County... Harrison
(b) City or town... Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Central Hotel - 50. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 0 (Specify whether
In this community... 1 wk. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Colorado (b) County... 999
(c) City or town... Colorado Springs (If outside city or town limits, write "RURAL") 50
(d) Street No... 219 N Cascade (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country... 7

3. (a) PRINT FULL NAME Willis Junot Brough
3. (b) If veteran, name war... no
3. (c) Social Security No. 523-16-1236

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 12
year... 1947 hour... minute... M.
21. I hereby certify that I attended the deceased from 19
that I had saw him alive on 19
and that death occurred on the date and hour stated above. Duration

4. Sex... m 5. Color or race... w 6. (a) Single, widowed, married, divorced... m
6. (b) Name of husband or wife... Ella Brough 6. (c) Age of husband or wife if alive... 74 years
7. Birth date of deceased... 3-7-1889
(Month) (Day) (Year)

Immediate cause of death... Received and been having high blood pressure and I believe he died from cerebral hemorrhage.
Due to... (immediate)
Other conditions... (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
58 8 6 hr. min.

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)
23. Signature... R. P. Hallergren (e) Means of injury... Car
Address... Clinton MO Date signed... 11/15/47

9. Birthplace... Clinton MO
(City, town, or county) (State or foreign country)

10. Usual occupation... Laborer
11. Industry or business... _____
12. Name... G. W. Brough
13. Birthplace... Unknown Ind.
(City, town, or county) (State or foreign country)
14. Maiden name... Lillian Blandford
15. Birthplace... Unknown MO
(City, town, or county) (State or foreign country)

16. (a) Informant... Ella Brough
(b) Address... Colorado Springs, Colorado
17. (a) Burial (b) Date thereof... 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Engelwood Cem.

18. (a) Signature of funeral director... R. P. Hallergren
(b) Address... Clinton MO
19. (a) 11-10-47 (b) R. P. Remney
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAR 16 1949

RECEIVED
District Health Officer No. 71
District File Number 10.47-1320
Date Filed 11-17-47

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 _____

Fred W. Jackson, Jr.
working under my personal supervision.

Registered Apprentice No. 434

Signed *Fred W. Jackson, Jr.*

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.