S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1993

Registration District No. 153 | Primary Registration District No. 5217 | Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County ~~[illegible]~~ Dolan Cass

(b) City or town ~~[illegible]~~ [illegible]
(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 ____ (Specify whether
In this community all life 1 [illegible]
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town West Line, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. ~~West~~ Dolan Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ADA ANN BROKER

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

4. Sex Female | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ Jacob Broker | 6. (c) Age of husband ~~or wife if~~ alive 73 years

7. Birth date of deceased Dec 2 - 1864 (Month) (Day) (Year)

8. AGE: Years 75 | Months 1 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace West Line Mo (City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business ____

FATHER
12. Name James W Millis
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nacy Hughes
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hattie M. Smith
(b) Address Rock Ford Colo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Mo

18. (a) Signature of funeral director Geo E Myers
(b) Address Cleveland Mo 146

19. (a) Jan 9-1940 (Date received local registrar) (b) Mrs Pearl Su Darth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 29, 1939 to January 7, 1940
that I last saw her alive on January 7, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	14 Da
Due to Arteriosclerosis 826	4 Yr.
Due to Arterial hypertension	1 Yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature W A Moore (M. D. ~~or other~~)
Address Cleveland Mo Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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, above space should be left blank.