

FILED MAR 7 - 1940 STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limit write "RURAL")
(d) Street No. 825 S. Nettleton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Andrew Broos
(b) If veteran, name war World War (c) Social Security No. _____
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Broos 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 1 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 28
year 1940 hour 3 minute 30 p. M.

21. I hereby certify that I attended the deceased from 6:30 A.M.
Feb. 28 1940, to Feb 28 1940
that I last saw him alive on Feb 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Shock as result of fall - compression fracture of 11-12th dorsal vertebrae and 1st lumbar vertebra, external injuries
Due to _____
Due to _____
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.

8. AGE: Years Months Days If less than one day
52 4 27 hr. min.

9. Birthplace Schroonsdock Hungaira?
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Kelly Coal Co. 7

MOTHER FATHER { 12. Name Andrew Broos
13. Birthplace Hungaira?
(City, town, or county) (State or foreign country)
14. Maiden name Agnes
15. Birthplace Hungaira
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Broos
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo. 290

19. (a) 3/1/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature) Mo. 40

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence _____
(c) Where did injury occur? Springfield Green Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, an industrial place, in public place? _____

While at work on way to work (Specify type of work) (Specify means of injury)

23. Signature G. B. Ferrell (M. D. or other) M.D.
Address Springfield Mo Date signed _____

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

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MAY 22 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X