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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28876

SEP 23 1940

Registration District No. 431 — Primary Registration District No. 5590 — Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Rural Columbus (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 44 yrs. years, months or days) 1-2-2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Holden Rural (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Theodore Leo Brockhaus

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Brockhaus

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 26 (Day) 1872 (Year)

8. AGE: Years 67 Months 8 Days 18 If less than one day hr. min.

9. Birthplace St. Lebanons (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Herman Brockhaus
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Catherine Littekin
15. Birthplace St. Lebanons (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Anna Brockhaus

(b) Address Holden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 16 (Day) 1940 (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo.

19. (a) Aug 16-40 (Date received local registrar) (b) Bertie Gentry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 14, 1940, to Aug. 14, 1940; that I last saw him alive on Aug 14, 1940, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	15 min
Due to Hypertensive cardio-vascular disease	
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.

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 C. S. Johnson M.D. (M. D. or other)

Address Warrensburg, Mo. Date signed Aug 15, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-5-40
Date Filed

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 R. Q. Phillips, Registered Apprentice No. _____ working under my personal supervision.

Signed R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg

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.