

No. 2
13-40
17-39
DEC 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39464**
Registrar's No. **353**

Registration District No. **668**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH: **Pettis**
 (a) County **Pettis**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Bothwell Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 hrs**
 (Specify whether **30 hours**)
 In this community **30 hours**
 years, months or days **1**

3. (a) PRINT FULL NAME **Peter Brockman**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Martha Brockman**
 6. (c) Age of husband or wife if alive **1868** years
 7. Birth date of deceased **May 7th** (Month) (Day) (Year)

8. AGE: **72** Years **5** Months **28** Days
 If less than one day hr. min.

9. Birthplace **Balke Prairie Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Peter Brockman**

13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Waggle Eckhoff**
 (City, town, or county) (State or foreign country)

15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **E R Brockman**
 (b) Address **Cole Camp Mo R F D**

17. (a) **Burial** (b) Date thereof **Nov 8 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lehrtens Church Cemetery**

18. (a) Signature of funeral director **E & Eckhoff**
 (b) Address **Cole Camp Missouri**

19. (a) **11-12-40** (b) **Mrs. Harry Sued**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Benton**
 (c) City or town **Cole Camp Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **5th**
 year **1940** hour **7** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Nov 4**
 _____, 1940, to **Nov 5**, 1940

that I last saw him alive on **Nov 5**, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary**

Due to **obstruction of bronchi**

Due to **admission following car operation 4-2-37**

Other conditions **myocarditis**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **17 2 10**

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?

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

23. Signature **[Signature]** (M. D. or other) **1**
 Address **Sedalia** Date signed **11-12-40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-40

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..... *E L Eickhoff*

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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.