

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16017

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 1151

Primary Registration District No. 1588-606 SA 533

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rurik Nekeo Township  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME David Johnson Bront

3. (b) If veteran, name war ✓

3. (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 Barbara Susan Bront

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 30 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Sawmill worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Horatio Bront

13. Birthplace Dont know (City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Russell Lance

(b) Address Illmo Mo

17. (a) lightner Burial (b) Date thereof Apr 20 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation lightner - Illmo Mo

18. (a) Signature of funeral director Bistinghoff & Hubban

(b) Address Illmo Mo

19. (a) Apr 19 1941 (b) Paul Sney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 180

(a) State Mo (b) County Scott

(c) City or town Rurik Nekeo Township  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 / Day 18 / Year 41  
hour \_\_\_\_\_ minute 30 M.

21. I hereby certify that I attended the deceased from 4/16/41  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on 4/16/41 \_\_\_\_\_ 19\_\_\_\_;

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

Immediate cause of death myocarditis  
degenerative

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations none

Of autopsy \_\_\_\_\_

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) no

(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? no (Specify type of place) (e) Means of injury none

23. Signature J. E. Lee M.D. (M. D. or other) ✓

Address Illmo Mo Date signed 4/19/41

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

RECEIVED

District Health Officer No. 2,

District File Number 541-516

Date Filed 5/8/41

---

---

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.....

*Mamie Bending*

Licensed Embalmer No.....

*3242*

P. O. Address.....

*Chaffee 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.