

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

*John*

24469

**STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registrar's No. 189

Registration District No. 73

Primary Registration District No. 3006

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

**1. PLACE OF DEATH:**

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: 413 So 5th St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
In this community Entire life (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 413 So 5th St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** JOHN JAMES BRODY

3. (b) If veteran, name war None

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 23 day July  
year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 22 July 1941 to July 23 1941  
that I last saw him alive on July 22 1941  
and that death occurred on the date and hour stated above.

4. Male 5. Color or race white

6. (a) Name of husband or wife Beauchef Brody

6. (b) Name of husband or wife Beauchef Brody

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

7. Birth date of deceased Nov 16 1883  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration

Due to 7

Due to 7

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

8. AGE: Years 57 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Boone County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

Major findings: Of operations \_\_\_\_\_

Of autopsy None

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

11. Industry or business J. H. Brody

12. Name J. H. Brody

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

14. Maiden name Bester Gallant

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

16. (a) Informant Max Beauchef Brody

(b) Address Columbia Mo

17. (a) Funeral (b) Date thereof July 26 '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director [Signature]

(b) Address Columbia Mo

19. (a) 7/26/41 (b) Allie Deloy  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address Columbia Date signed 7/25

JUL 29 1941

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**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. 4138

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, fact should be so stated above.**