

FILED DEC 12 1941

Registration District No. 326

Primary Registration District No. 4196

Registrar's No. 13

1. PLACE OF DEATH:

(a) County GRUNDY
(b) City or town SPICKARD
(c) Name of hospital or institution: 1
(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

8. (a) PRINT FULL NAME JAMES HENERY BROKAW

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 Alta Wilson Brokaw 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 19 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace HOOXSIBURG OHIO (City, town, or county) (State or foreign country) 1

10. Usual occupation ELECTRICIAN

11. Industry or business _____

MOTHER FATHER { 12. Name W.S. BROKAW

13. Birthplace OHIO (City, town, or county) (State or foreign country) 1

14. Maiden name AWYDIA HENERY

15. Birthplace OHIO (City, town, or county) (State or foreign country) 1

16. (a) Informant LOREN BROKAW

(b) Address SPICKARD MO

17. (a) BURIAL (b) Date thereof 11 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC

18. (a) Signature of funeral director Chas. J. ...

(b) Address Spickard Mo

19. (a) 11-27-41 (b) Alta Wilson Vaughn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy
(c) City or town Spickard
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 1, 1941, to November 26, 1941
that I last saw him alive on Nov. 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate Duration 9 mo

Due to ✓

Due to ✓ 518

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. M. ... (M. D. or other) m.d.
Address Spickard Mo Date signed Nov. 26

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

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.....

Ross Wise

Licensed Embalmer No. *3771*

P. O. Address.....

Spickard M.

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.