

No. 2
5-43
-17-39
X36671

FILED JUN 3 1944
Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1427 COLLEGE AVENUE 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 53 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1427 COLLEGE AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country SWEDEN

3. (a) PRINT FULL NAME MR. HENNING BROMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. EMMA BROMAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 13 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 12 hr. min.

9. Birthplace WESTERVICK SWEDEN
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business _____

MOTHER FATHER }
12. Name GUSTAV BROMAN
13. Birthplace SWEDEN
(City, town, or county) (State or foreign country)
14. Maiden name JOHANNA UNKNOWN
15. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HELEN L. HERDMAN
(b) Address 1427 COLLEGE AVENUE
17. (a) BURIAL (b) Date thereof MAY 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLYD.
19. (a) 5-27-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25TH
year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 18, 1941, 19____, to May 25 (incl), 1944; that I last saw him alive on May 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism - Auricular fibrillation.

Due to Auricular fibrillation

Due to _____

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

Major findings:
Of operations None
Of autopsy None

Duration
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)
(c) Means of injury _____
23. Signature J. S. Smith (M. D. or other)
Address 1715 Rialto Building Date signed 5/26/44

1293 of Falls County
10-12-11 1:30 PM

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: *H. C. Newberry*

Licensed Embalmer No. *4043*

P. O. Address: *H. C. Newberry*

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.