

FILED JAN -7 1943  
316

Registration District No. ....

Primary Registration District No. -30607075

Registrar's No. 158

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Farmington, Mo. P. 3  
(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) Since 1899-4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Farmington, Mo. P. 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. 16/1894 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William F. Brockmiller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1942 hour 7 minute 40 AM.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Louise Miller 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec 2 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1939 to Dec 3, 1942  
that I last saw him alive on Dec 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 da  
Relax.

8. AGE: Years Months Days If less than one day

79 hr. min.

Due to Parkinson Disease + Arteriosclerosis 5 yrs.

9. Birthplace Mecklenburg Germany  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Bookkeeper, Radio Compt. Finisher

Other conditions (Include pregnancy within 3 months of death) 108

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

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

12. Name John F. Brockmiller

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

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

14. Maiden name Christiane Engel

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

16. (a) Informant Galter Brockmiller  
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Lutheran Cemetery

18. (a) Signature of funeral director Conrad Funeral Home  
(b) Address Farmington, Mo.

19. (a) Dec. 8, 1942 (b) Byrdie Buhmester  
(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? \_\_\_\_\_

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

23. Signature G. H. Walker (M. D. or other) \_\_\_\_\_  
Address Farmington, Mo. Date signed 12-4-42

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

94  
0  
0

94

1196

RECEIVED

District Health Officer No. 11

District File Number 143-1530

Date Filed 1-5-43

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

*M*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Heozan*  
4084

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Farmington, 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.