DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42402

Registration District No. 399 Primary Registration District No. 1802 Registrar's No. 4811

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: Menorah Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 10 Years

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. 2515 Harrison (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mr. Claude O. Broyles 647

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 Married

6. (b) Name of husband or wife Mrs. Helen Broyles

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 29 (Month) (Day) 1905 (Year)

8. AGE: Years 34 Months 7 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Printer

11. Industry or business Grace And Glory Magazine

FATHER
12. Name Jacob Broyles
13. Birthplace UNknown (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mrs Helen Broyles

(b) Address 2515 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) Dec. 20, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1939 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hematopneumo thorax

Due to Laceration of lung

Due to Adhesions

Other conditions (Include pregnancy within 3 months of death) 110

Major findings:
Of operations

Of autopsy same

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) No Injury

(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 [signature] (M. D. or other)

Address Deputy Coroner Date signed 1/13/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1948

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.