

FILED APR 23 1940
 Registration District No. 720

Primary Registration District No. 55520

48

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson Co Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
 (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME LENA BROADUS 632

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

4. Sex Fe 5. Color or race negro 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years about 56 Months _____ Days _____ If less than one day _____

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

10. Usual occupation Domestic

11. Industry or business Home

12. Name Valley Broadus

18. Birthplace Port Kusew (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Hennetta Bates

(b) Address 4317 Penn. K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Mo

18. (a) Signature of funeral director Flum + Greenleaf (Specify type of place) While at work? _____ (b) Address K.C. Mo (c) Date 3/23/40

19. (a) 3/23/40 (Date of local registrar) (b) Geo. B. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1230 Paseo. F
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1940 hour _____ minute 8 P. M.

21. I hereby certify that I attended the deceased from Jan 7 1940 to March 19 1940; that I last saw him alive on March 19 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Gastro-Enteritis causing an acute nephritis

Due to _____

Due to 120

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

Major findings: Of operations _____

Of autopsy no

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) (Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. W. Booker (M. D. or other)!

Address 202 1/2 Via Date signed _____

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 *E. J. Evans*

Licensed Embalmer No. 3836

P. O. Address 1814 E. 15th St. KC 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, above space should be left blank.