

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19036**  
Registrar's No. **7**

Registration District No. **577** Primary Registration District No. **5775**

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

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Latham, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: ----- (Specify whether)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Latham, Mo  
(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.

3. (a) PRINT FULL NAME Josephine E. Mc Broom  
3. (b) If veteran, name war: ----  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Theodore Mc Broom 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased: November, 16th, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 29 hr. min.

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

10. Usual occupation At home

11. Industry or business -----

MOTHER FATHER { 12. Name James L. Medlin  
13. Birthplace Moniteau County, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Polly Ann Foster  
15. Birthplace California, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant A. A. Mc Broom  
(b) Address Latham, Mo

17. (a) Burial (b) Date thereof 5/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director James E. Richards  
(b) Address Tipton, Mo

19. (a) May 16, 1940 (Date reported local registrar)  
L. D. Latham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th  
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 13  
1940, to May 15, 1940  
that I last saw her alive on May 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arterio sclerosis

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

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

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

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

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? 509 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. D. Latham (M. D. or \_\_\_\_\_)  
Address California Mo Date signed 5-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

*Jesse E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Lipton 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.