

Registration District No. 18190

Primary Registration District No. 4222

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Howard,  
(b) City or town Fayette, Mo  
(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) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Benson Broaddus,  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1940 hour 4 minute \_\_\_\_\_ P. M.

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married,  
6. (b) Name of husband or wife Gussie Jackson Broaddus, 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased 12-19th 1896  
(Month) (Day) (Year)

Immediate cause of death Heart of Throat +  
4 weeks chest  
Due to cont. with concrete  
bridge  
Due to concrete bridge  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<u>43</u>	<u>8</u>	<u>20</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Farm Hand, (State or foreign country)

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

12. Name Jorden Broaddus,  
13. Birthplace Missouri, (City, town, or county) (State or foreign country)

14. Maiden name Clasiss Cooper,  
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Sterling Shields,

(b) Address Fayette, Mo

17. (a) Burial (b) Date thereof 9-13th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural.

18. (a) Signature of funeral director Guy T Halley,

(b) Address Fayette, Mo.

19. (a) 9-13-40 (b) J. L. Richard  
(Date received local registrar) (Registrar's signature)

Major findings: chest pain  
Of operations R. Chest  
Of autopsy 2/2/40  
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) Accident  
(b) Date of occurrence 9/8/40  
(c) Where did injury occur? county mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on public highway  
(Specify type of place) (e) Means of injury Auto Rck

23. Signature W. H. ... (M. D. or other) \_\_\_\_\_  
Address Surgeon Gen Date signed 9/8/40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-8-40

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**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.....

..... Licensed Embalmer No. ....

..... P. O. Address.....

**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.**