

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Freeman Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week** (Specify whether)

3. (a) PRINT FULL NAME **Mary Adeline Broadbent**
3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Fem** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 20 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **0** If less than one day hr. _____ min.

9. Birthplace **Galesburg Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wife**

11. Industry or business _____

12. Name **James Bothwell**

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

14. Maiden name **Elizabeth Johnson**

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

16. (a) Informant **Mrs. Etta Barber**
(b) Address **Joplin Mo**

17. (a) **Burial** (b) Date thereof **9/23/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem.**

18. (a) Signature of funeral director **Freeman Hospital Co 372**
(b) Address **Joplin Mo**
19. (a) **9-24-40** (b) **W. D. Janner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **514 N. Byers**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **20**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **9-18-40**
_____, 19____, to **9-20-40**, 19____;
that I last saw her alive on **9-20-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **arteriosclerosis**

Due to _____
Other conditions **HTN**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____
Of autopsy **NO**

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? _____

23. Signature **W. D. Janner** (M. D. _____)
Address **616 Frieds Bldg** Date signed **9-21-40**

Duration **2 days**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

40-10-472

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 *Terry K. Herdend*

Licensed Embalmer No. *959*

P. O. Address *Japan Hill*

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.