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FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14915

State File No. _____

Registration District No. 421

Primary Registration District No. 55-75

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town HERCULANEUM
(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)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON
(c) City or town HERCULANEUM
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RACHEL ANN BROOMBAUGH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased September 16, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business Own home

12. Name Henry McCauley

13. Birthplace Sullivan, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Alwaysman

15. Birthplace Sullivan, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley McHauer

(b) Address Herculanum, Mo.

17. (a) Burial (b) Date thereof April 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculanum, Mo.

18. (a) Signature of funeral director James R. Patton

(b) Address 412 1/2 J. E. Kettlewell

19. (a) 4/12/41 (b) J. E. Kettlewell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1941 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 27
1941 to Apr 6 1941
that I last saw h. ex. alive on Apr 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 4 days

Due to Arteriosclerosis 37 yrs

Due to Cancer of ascending colon 6 mos

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

Major findings: Of operations None H69

Of autopsy None

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?
342 (Specify type of place) _____

(e) Means of injury _____

23. Signature James R. Patton or other) 0

Address Herculanum, Mo. Date signed 4/7/41

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

MOTHER FATHER

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, fact should be so stated above.