

No. 2
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5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20185**

Filed JUL 3 1942
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2447**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **About 2 Weeks**
About 35 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **2817 Peery Ave** **8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Mary Gertrude Broyles**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Elmer Broyles**

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

7. Birth date of deceased **March 10th. 1883**
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **15**

If less than one day _____ hr. _____ min.

9. Birthplace **Hersman, Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frank Smith**

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

14. Maiden name **Catherine Hense**

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

16. (a) Informant **Jane Smith**

(b) Address **2817 Peery Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-22-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **3756 Broadway, N. Mo**

19. (a) **6-26-42** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 25** day _____ year **1942** Hour **6** minute _____ M.

21. I hereby certify that I attended the deceased from **June 10** 1942 to **June 25** 1942

that I last saw her alive on **June 25** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis** DURATION

Due to **Ruptured appendix**

Due to **12/11**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Peritonitis**

Of autopsy **[Signature]**

PHYSICIAN **[Signature]**

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 or town) (County) (State)

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

While at work? _____ (Specify type of place) (b) Means of injury **[Signature]**

23. Signature **Hugh G. [Signature]** (M. D. or other)

Address **323 [Signature]** Date signed **6/26/42**

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

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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.....

Park G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

H. C. 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, fact should be so stated above.