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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30488

State File No.

FILED SEP 24 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Blue Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alta M Broadders

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FM

5. Color or race W

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

6. (b) Name of husband or wife Richard W.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov - 14 - 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	29	hr. min.

9. Birthplace Blue Springs 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name Tom Jones
13. Birthplace Blue springs Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Montgomery
15. Birthplace Blue springs Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Jones
(b) Address Blue springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 15 - 42
(Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Mrs G Burtt & Son
(b) Address Blue Springs Mo

19. (a) Sept. 16 1942 (Date received local registrar) (b) Mrs. John Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1942 hour four minute 15 A M.

21. I hereby certify that I attended the deceased from Sept. 10, 1942, to Sept 12, 1942
that I last saw her alive on Sept 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy	

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) —

(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? —
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. W. Tuttle (M. D. or other) Mo

Address Blue Springs, Mo Date signed

1313

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1948

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 R Blubb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.