

APR 14 1943

Registration District No. 225

Primary Registration District No. 4935-5797

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Tipton - Ma Millan Four  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home 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 2 1/2 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Tipton Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Lawrence 210  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John W. Broyles

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma B. Broyles 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 17 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name John Broyles

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

14. Maiden name Wanda Christian

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

16. (a) Informant E. L. Broyles

(b) Address Tipton Mo Box 141

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Pleasant Cent

18. (a) Signature of funeral director Bonnie F. H.

(b) Address California Mo

19. (a) Mar 15 1943 (Date received local registration) (b) Mrs. S. J. Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14th year 1943 hour 2:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3/6, 1943, to 3/13, 1943

that I last saw him alive on Mar 13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death cardiac edema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions chronic nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Prothro (M. D. or other)

Address Tipton, Mo Date signed 3/14/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

28

MAR 6 1944

**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 Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address California

**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.**