

Registration District No. JUN 12 1943

Primary Registration District No. 5-5-56

1. PLACE OF DEATH:

(a) County Haskell

(b) City or town Mountain View Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural - Mt. View Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo. (Specify whether
In this community 32 year. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Haskell

(c) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME William C. Broad

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

4. Sex Male 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 October 12th 1865
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration

8. AGE: Years Months Days If less than one day
..... hr. min.

Due to Being thrown from Buggy by runaway horse

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1952

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

10. Usual occupation Farming

11. Industry or business.....

12. Name George A. Broad

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Ann Baker

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest Allen

(b) Address Jeffersville, Mo.

17. (a) Burial (b) Date thereof 6/3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. View Mo.

18. (a) Signature of funeral director John J. Amman

(b) Address Mt. View Mo.

19. (a) 6/14/43 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

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) Accident 04%

(b) Date of occurrence May 29-1943

(c) Where did injury occur? County
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)

While at work..... (2) Means of injury.....

23. Signature John J. Amman (Name of doctor)
Address Mt. View Mo. Date signed 5/30-43

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

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 John J. Auneau
Licensed Embalmer No. 2516
P. O. Address Stu Veew Gro

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 142

Primary Registration District No. 5556

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Hawell-goldsberry

(b) City or town Rural-goldsberry
(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 32 yrs.
years, months or days

3. (a) PRINT FULL NAME William P. Broad

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

4. Sex m 5. Color or race w

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

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

7. Birth date of deceased Oct 12
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 12 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month mar Day 9
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

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)

(b) 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 _____ (M, D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-18024