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FILED SEP 11 19[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF [illegible]ENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29557

Registration District No. 351 Primary Registration District No. 6186 Registrar's No. 16

6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County TANEY Co

(b) City or town Rural Beaver Twp
(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 Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Missouri (b) County Tanny 0

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

(d) Street No. near Hercules mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none 0

3. (a) PRINT FULL NAME John P. Broy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alles F. Broy

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Franklin Broy
13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fulton
15. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Broy
(b) Address Hercules mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Broy Cemetery

18. (a) Signature of funeral director McClure
(b) Address Gainesville mo

19. (a) July 30-43 (Date received local registrar) (b) Jeannette Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1943 hour 11.30 minute PM

21. I hereby certify that I attended the deceased from July 20, 1943, to July 24, 1943
that I last saw him alive on July 20th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Hypostatic of Nephritis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 P

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 [illegible] (M. D. or other)
Address Forsyth, Mo. Date signed July 30-43

1291

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 943-975
Date Filed SEP 7 1943

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Waterville Me

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.