

ED. OCT 13 1943  
Registration District No. **100**

Primary Registration District No. **100**

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

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:  
**2543 Michigan**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... **20 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James H. McBroom**

3. (b) If veteran **no** name was.....  
3. (c) Social Security No. **487-05-4083**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Carrie McBroom** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **9 26 1878**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **21** If less than one day hr. min.

9. Birthplace **Seamouth Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Sheffield Steel Co.**

12. Name **Major McBroom**

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

14. Maiden name **Rachel Wilson**

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

16. (a) Informant **Carrie McBroom**

(b) Address **2543 Michigan**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-21-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

18. (a) Signature of funeral director **Mrs. J. W. Jones**

(b) Address **440 State Ave.**

19. (a) **9-20-43** (Date received local registrar) (b) **J. W. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2543 Michigan**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **17** year **1943** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **3/10** 19**43** to **Sept 17** 19**43** that I last saw him alive on **9-17** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Proxemia**

Due to **Carcinoma of Prostate** about 1 yr

Other conditions (Include pregnancy within 3 months of death) **5/15**

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? **John Donaldson** (Specify type of place) (e) Means of injury

23. Signature **John Donaldson** (M. D. or dentist)  
Address **1615 Arroyo Bldg** Date signed **9-18-43**

*J. E. Donaldson*

---

---

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... *Eugene English*  
Licensed Embalmer No. *4805*  
P. O. Address *440 State and*

**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.**