

FILED DEC 3 1943
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Registration District No. _____ Primary Registration District No. **1002**

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:
4218 Wayne
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **12 hours** years, months or days)

3. (a) PRINT FULL NAME **William Broe**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **495-18-3239**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Stella Unknown** 6. (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **Jan 79 1883**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
60	10	26	13	hr. _____ min.

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

10. Usual occupation **Insurance agent**

11. Industry or business _____

12. Name **Morgan Broe**

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

14. Maiden name **Eliza Sweeny**

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

16. (a) Informant **Mrs. Thomas Stratton**

(b) Address **4218 Wayne K.C., Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11-20-43**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **MAXX Sedalia, Mo.**

18. (a) Signature of funeral director **James Stegner**

(b) Address **Boonville, Missouri**

19. (a) **11-22-43** (Date received local registrar) (b) **W. C. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clay**
 (c) City or town **Liberty**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Unknown**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **20**
 year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
Deputy Coroner
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Edema**
hypertrophy & dilatation
of heart.
Chronic Nephritis
 Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy **See Above**
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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)
 23. Signature **Dr. E. J. Upsher** (M. D. or other)
 Address **257 M. Clay** Date _____

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

Harold Roe....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Harold Roe

Licensed Embalmer No. *2810*

P. O. Address *R. 6 m.*

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.