

FILED NOV 19 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(c) County **Jackson**  
(b) City or town **Kansas City Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Trinity Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days** (Specify whether years, months or days)  
In this community **22 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2920 East 33rd Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mr Eugene Alvin BROUGHTON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs Mary M. Broughton** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **May 13 1877**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **13** If less than one day hr. min.

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

10. Usual occupation **Retired Salesman**

11. Industry or business **Wilser Grain Co**

12. Name **B. F. Broughton**

13. Birthplace **Shelbina Missouri**  
(City, town, or county) (State or foreign county)

14. Maiden name **Nannis Greenwell**

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

16. (a) Informant **Mrs Mary M. Broughton**

(b) Address **2920 East 33rd Street**

17. (a) **Removal** (b) Date thereof **10-27-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shelbina, Missouri**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **Kansas City Missouri**

19. (a) **10-26-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26th**  
year **1943** hour **12:36** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 12**, 1943 to **Oct 26**, 1943  
that I last saw him alive on **Oct 25**, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 days**

Due to **Arteriosclerosis**  
**Coronary Disease**  
Due to **Arteriosclerosis**

Other conditions **Previous coronary thrombosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **830**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Allen S. Hearsh MD** (M.D. or other) \_\_\_\_\_  
Address **1100 Prof. Bldg** Date signed **10-26-43**

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**