

FILED JAN 11 1944

Registration District No. 244

Primary Registration District No. 3054

Registrar's No. 255

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: 14 hours
(Specify whether In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 401 Jefferson Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME MAMIE ETHEL BROADDUS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 9 1943 to Dec 11 1943
that I last saw her alive on Dec 11 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife C. Pearl Broaddus 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept-27-1881
(Month) (Day) (Year)

Immediate cause of death Ch. nephritis few days

Due to _____

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

62 2 14 hr. min.

Due to _____

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

9. Birthplace Thomas Hill Mo.
(City, town, or county) (State or foreign country)

Major findings: 1318

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

12. Name N. M. Gunn

13. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha C. Thomas

15. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Broaddus

(b) Address 401 Jefferson Ave Moberly Mo.

17. (a) Burial (b) Date thereof Dec 13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

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? _____

18. (a) Signature of funeral director John General Home

(b) Address Moberly Mo.

19. (a) 12-14-43 (b) J. Irvin Have
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature CC Smith (M. D. or Other) _____

Address Moberly Mo. Date signed 12-14-43

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

NO. 10 1944

RECEIVED

District Health Officer No. 10

District File Number 1-44-73

Date Filed JAN 10 1944

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.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.