

**FILED FEB 14 1944**

Registration District No. **217**

Primary Registration District No. **4372**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Noblesway  
(b) City or town Burlington Junction  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 yrs years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Noblesway  
(c) City or town Burlington Junction  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DEBILAH L. BROUGHTON

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased May 10 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>8</u>	<u>21</u>	hr. _____ min.

9. Birthplace Leon Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name John Vanderpool  
13. Birthplace Leon Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie West

(b) Address Burlington Je.

17. (a) Burial (b) Date thereof Feb. 3-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Je.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo.

19. (a) Feb. 1 1944 (b) Ma W. S. Carpenter  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 1 year 1944 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan. 25 1944 to Feb. 1 1944.  
That I last saw her alive on Jan. 31 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days  
Due to Influenza 3 days

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 53a

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) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature S. E. Wallace (M.D. or other) D.O.  
Address Burlington Jct., Mo. Date signed 2-1-44

1264

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

**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 *Stanley Swanson*  
Licensed Embalmer No. *3963*  
P. O. Address *Hopkins, 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.**