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2-43  
7-39  
X35897

FILED MAR 13 1944

Registration District No. **171**

Primary Registration District No. **3056**

Registrar's No. **50**

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's Hospital**  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution **eight days**  
(Specify whether years, months or days)

In this community **23 years**

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 **0**

3. (a) PRINT FULL NAME **CLAUD PEARL BROADDUS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** - day **19<sup>th</sup>** year **1944** hour **1** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Feb 10**, 19**43** to **Feb 19**, 19**44** that I last saw him alive on **Feb 19**, 19**44** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color of face **White** 6. (a) Single, widowed, married **Divorced** **Widowed**

6. (b) Name of husband or wife **Mamie Ethel Broadbuss** 6. (c) Age of husband or wife if alive **\_\_\_\_\_** years

7. Birth date of deceased **Jan - 13 - 1876**  
(Month) (Day) (Year)

Immediate cause of death **acute interstitial nephritis**

Duration **6 ds**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **\_\_\_\_\_**  
(Include pregnancy within 3 months of death)

8. AGE: Years **68** Months **1** Days **6** If less than one day **hr. \_\_\_\_\_ min. \_\_\_\_\_**

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

10. Usual occupation **Retired Merchant**

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION**

Of operations **\_\_\_\_\_**

Of autopsy **\_\_\_\_\_**

PHYSICIAN **\_\_\_\_\_**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business **\_\_\_\_\_**

12. Name **William Harry Broadbuss**

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

14. Maiden name **May Belle Broadbuss**

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

16. (a) Informant **Cecil Broadbuss**

(b) Address **401 Jefferson Ave Moberly**

17. (a) **Burial** (b) Date thereof **Feb - 22 - 44**  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Irma General Home**

(b) Address **Moberly Mo**

19. (a) **2-21-44** (b) **J. Irma Haver**  
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury **\_\_\_\_\_**

23. Signature **A. L. McCormick** (M. D. or other **M.D.**)

Address **Moberly Mo** Date signed **2-18-44**

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-615

Date Filed MAR 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 Moherly 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. March  
Registrar's No. 50

Registration District No. 291

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Claud P. Broadhus

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Jan 13 1944  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Mo.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

{ 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 25, 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death acute interstitial nephritis Duration \_\_\_\_\_

Due to flu

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of date of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUIRED

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 \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

8065