

FILED JUL 11 1944 274

Registration District No. _____

Primary Registration District No. **3052**

Registrar's No. **187**

1. PLACE OF DEATH:

(a) County **Pettis**

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

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

(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days)

In this community **21 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **1920 So Linn**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Orville Crist Broaddus**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2** year **1944** hour **2:35** minute **10** M.

21. I hereby certify that I attended the deceased from **May 1** 19**44** to **June 2** 19**44** and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **Ella I. Broaddus** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 4 1871**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Infarction**

Due to **Coronary Disease, Arteriosclerosis**

Other conditions **93d**

Major findings: Of operations _____

Of autopsy _____

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

8. AGE:	Years	Months	Days	If less than one day
	72	8	28	hr. _____ min. _____

9. Birthplace **Walnut Hill Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Beverly Vivian Broaddus**

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

14. Maiden name **Irena Crist**

15. Birthplace **Mt. Washington Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loren Broaddus**

(b) Address **Sedalia, Missouri**

17. (a) **Burial** (b) Date thereof **6/5/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia, Missouri**

19. (a) **6-3-44** (b) **Mrs Anna Berger**
(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? _____
(Specify type of place)

While at work? (Specify type of place) _____

23. Signature **W. B. Berger** (M, D. or other) **MD**

Address **Sedalia Mo** Date signed **6/3/44**

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

364

1022

Broadway
2:35 June 2
P.M.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-10-47

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Delaware, 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.