

FILED AUG 8 1944
1979

Primary Registration District No. 8669

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: Head Point
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community In this community (Specify whether years, months or days) 41 yr 7 mo 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray

(c) City or town Head Point 57
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gussie Broz

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 14 1902
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>7</u>	<u>25</u>	hr. _____ min.

9. Birthplace Head Point Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Grant Broz

13. Birthplace Chesholm
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Mathews

15. Birthplace Head Point Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 9 - 1944

(c) Where did injury occur? Head Point, Ray Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

16. (a) Informant Grant Broz

(b) Address Head Point Mo

17. (a) Burial (b) Date thereof 7/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Wayne M. Goy

(b) Address Troy Mo.

19. (a) July 28 1944 (b) Mrs. H. J. Jackson
(Date received for registration) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

21. Signature [Signature] (M. or other) 3

Address Elbermo Day July 9 1944

MOTHER FATHER

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

JAN 6 1948

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-7-44

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. 3586

P. O. Address Troy 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.