

3. No. 2  
1-3-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34677

State File No. \_\_\_\_\_

FILED NOV 18 1944  
Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
1002 Locust Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 83 years (Specify whether years, months or days)

In this community 83 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 1002 Locust  
(If rural, give location)

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

3. (a) PRINT FULL NAME Annie M. Broaddus

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th.  
year 1944 hour 6:55 minute \_\_\_\_\_ P: M.

21. I hereby certify that I attended the deceased from Oct. 16  
1944 to Oct. 16 1944  
that I last saw her alive on Oct. 16 1944  
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 Single

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

7. Birth date of deceased. Jan. 8th. 1861  
(Month) (Day) (Year)

Immediate cause of death Coronary embolism Duration \_\_\_\_\_  
for hours

Due to unknown

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

83 9 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

94a

9. Birthplace Chillicothe, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

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

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

11. Industry or business Librarian

12. Name Thomas S. Broaddus

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

14. Maiden name Mary L. Davis

15. Birthplace Bardstown, Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. H. D. Broaddus

(b) Address Ponca City, Oklahoma.

17. (a) Burial (b) Date thereof 10-18-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

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

(c) 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 F. B. Norman Co.

(b) Address Chillicothe, Missouri.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) Oct 18 (b) Loelle Cox  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. of \_\_\_\_\_)  
Address Chillicothe, Mo Date signed 10-19-44

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

9  
1  
2

59  
1  
2

MOTHER FATHER

458

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Elmer Thomas ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Elmer Thomas .....

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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.**