

S. No. 2
M-8-43
v. 5-17-39
W I X37823

2502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 49

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Home 602 N. Porter
(d) Length of stay: In hospital or institution 3 years
In this community 3 years

3. (a) PRINT FULL NAME William Milton Broadwayay
(b) If veteran, name war No.
(c) Social Security No. No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1 1854

8. AGE: Years 90 Months 9 Days 23

9. Birthplace Illinois

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name J.H. Broadwayay
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant C. W. West
(b) Address 602 N. Porter

17. (a) Burial (b) Date thereof Jan 26

(c) Place: burial or cremation Sarcoxie Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.
19. (a) 1-25-45 (b) [Signature] Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 602 N. Porter
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24
year 1945 hour 1 minute 50 PM.

21. I hereby certify that I attended the deceased from Nov 25 1945 to Jan 23 1945
that I last saw him alive on Jan 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death atropic sclerosis of liver

Due to _____
Due to _____

Other conditions 124-10
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

23. Where did injury occur? _____
(c) (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 J.M. Gray (M. D. or other) _____
Address Joplin Date signed 1-25-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

45-1-37

A

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~~ by

Donald L. Blue, Registered Apprentice No. 377
working under my personal supervision.

Signed Perry K. Hurlbut
Licensed Embalmer No. 958
P. O. Address Joplin 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.