S. No. 2
M—8-43
5-17-39
I X37823

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

400

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9425

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Gallatin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 miles West of Liberty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles West of Liberty 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Barbara Isabelle Broadhurst

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife T.H. Broadhurst

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

7. Birth date of deceased June (Month) 23 (Day) 1861 (Year)

8. AGE: Years 83 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Robert Frazer
13. Birthplace Armaugh Co. (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Isabella Horner
15. Birthplace Armaugh Co. (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Mrs. Fred Peters 1

(b) Address Rural Route 2 Liberty Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 13 (Day) 45 (Year)

(c) Place: burial or cremation Linden, Mo.

18. (c) Signature of funeral director O J Carden Jr

(b) Address 119 E Franklin St

19. (a) Mar 16-1945 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-22, 1944, to 3-8, 1945
that I last saw her alive on 3-8, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Paralysis	
Due to Toxemia	
Due to mixed parotid gland tumor	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations 57 e 2
Of autopsy

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?
(Specify type of place)

While at work? 0 Means of injury 2

23. Signature C. M. Smith (M. D. or other) D.O.
Address Liberty, Mo. Date signed 3-13-45

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health [illegible]

District File Number .....

Date Filed 4/6/45

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 O J Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.