M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16235

Registration District No. 14 | Primary Registration District No. 4029 | Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Mindenmines
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Mindenmines
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs. Margaret Jane Broadlick
3. (b) If veteran, name war: None
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: March 9, 1868 (Month) (Day) (Year)
8. AGE: Years 77 | Months 2 | Days 8 | If less than one day ____ hr. ____ min.
9. Birthplace: England (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
FATHER 12. Name: Robert Frazer
FATHER 13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anna Thompson
MOTHER 15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Edith Nichols
(b) Address: Mindenmines, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/'45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olive Cemetery
18. (a) Signature of funeral director: C. R. Smith
(b) Address: Pittsburg, Kansas
19. (a) 5/31/45 (Date received by local registrar) (b) Blanche Sackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 17th year: 1945 hour: 9 minute: 20 a.m.
21. I hereby certify that I attended the deceased from Feb 3, 1943 to May 17, 1943 that I last saw her alive on May 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	1 yr.
Due to: Diabetes	18 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? ____ (e) Means of injury ____
23. Signature: Allen W. Sandidge (M. D. or other)
Address: Mulberry, Kans. Date signed: 5/18/45

1260 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 645-654
Date Filed JUN 7 1945

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 S. P. Wesong

Licensed Embalmer No. 2170

P. O. Address Pittsburg, Kansas

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.