V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

Registration District No. 15

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17162

Primary Registration District No. 2001

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 3230 W. 23rd Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ernest Glen Broam

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sylvia Broam

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August 18, 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation plumber

11. Industry or business

FATHER
12. Name Samuel Broam
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Biggs
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sylvia Broam
(b) Address 3230 W. 23rd, Joplin, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation Saginaw Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 5-31-45 (Date received local registrar) (b) Gertrude Sudhorster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1945 hour 4 minute p M.

21. I hereby certify that I attended the deceased from May 27, 1945, to May 29, 1945, that I last saw him alive on May 29 - 40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 V. E. Kinney M.D. (M. D. or other)

Address 311 Miners Bldg Date signed 5-31-45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-5 - 458

MAR 14 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 F. M. Jones

Licensed Embalmer No. 2319

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.