

S. No. 2  
M-2-43  
5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20907

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

JUL 11 1945

Registration District No. 239

Primary Registration District No. 58-225-4356

Registrar's No. 4226

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

72  
5  
0

1. PLACE OF DEATH

(a) County New Madrid

(b) City or town Parma  
(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 None  
(Specify whether)

In this community 4 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma 72  
(If outside city or town limits, write "RURAL") 5

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FELIX-PAYTON MCBROOM

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1945 hour 8 minute 30 P. M.

4. Sex M 5. Color or race White

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

(b) Name of husband or wife Mary M. McBroom

6. (c) Age of husband or wife if alive 75 years 1868

7. Birth date of deceased Oct. 30  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1943, to June 28, 1945

that I last saw him alive on June 27, 1945

and that death occurred on the same date and hour stated above.

8. AGE: Years 76 Months 7 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cardiac Arrest

Duration \_\_\_\_\_

9. Birthplace Jackson County Tenn  
(City, town, or county) (State or foreign country)

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

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

10. Usual occupation Blacksmithing

Other conditions 950  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Sam McBroom

13. Birthplace Jackson County Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Grimes

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

PHYSICIAN \_\_\_\_\_

Major findings: 950  
Of operations \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

16. (a) Informant H.S. McBroom

(b) Address Malden Mo Rt 1

17. (a) Burial (b) Date thereof July 1st 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller's Cemetery

18. (a) Signature of funeral director Walter J. Schick

(b) Address Parma Mo

19. (a) 7/2/45 (b) Dr. G. W. Kuehn  
(Day received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

(e) Manner of injury \_\_\_\_\_

23. Signature G. W. Kuehn (M. D. or other) \_\_\_\_\_

Address Parma Date signed 7/2/45

13 96

RECEIVED

District Health Office No. 2

District File Number 745-930

Date Filed 7-10-45

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 *Lynnae Steele*.....

Licensed Embalmer No. 2476.....

P. O. Address *Hexter 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.