

FILED OCT 22 1945

State File No.

Registration District No. 62

Primary Registration District No. 5241

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ** /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All life years, months or days

3. (a) PRINT FULL NAME JOSEPH BENDER BROYLES

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Oma K. BROYLES 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug. 16 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Stockton Cedar Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business X

12. Name N. S. BROYLES
13. Birthplace Tenn.
14. Maiden name Sarah Turkerson
15. Birthplace Stockton Cedar Co. Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie O'Neal
(b) Address Fairplay Mo.

17. (a) Burial (b) Date thereof 7/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Mo.

19. (a) 9-11-45 (b) General Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1945 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 7-1 to 7-8 1945
that I last saw him alive on 7-6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950
Of autopsy _____

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) Means of injury 299
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 7-9-45

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

MOTHER FATHER

1522

JAN 28 1947

REC

OFFICER No. 1,

9-43-1017

10-19-45

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

working under my personal supervision.

Signed

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton 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.