

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

3241

FILED JAN 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 196

Primary Registration District No. 4308

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town Moel
(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 15 yrs years, months or days (Specify whether _____)

3: (a) PRINT FULL NAME Charles Broughton

3. (b) If veteran, name war name

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Susan Broughton 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Oct 6 1858
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Working Co. for Walker & Co

11. Industry or business W

MOTHER FATHER

12. Name Not Known

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Jules

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

16. (a) Informant Paul Stiles

(b) Address Moel, Mo.

17. (a) Cremation (b) Date thereof Dec 18 44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. M. Stambaugh

(b) Address Wausau, Mo.

19. (a) Dec 17, '45 (b) Mrs. M. S. Stambaugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (County) Mc Donald

(c) City or town Moel, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-17 day _____ year 45 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-10 to 12-17, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Arteriosclerosis

Due to Scurvy

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

Major findings: Of operations 9/10

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? _____

While at work? _____ (Specify type of place) (e) Means of injury M.D.

23. Signature W. M. Stambaugh (M. D. or other) _____

Address Southeast City, Mo. Date signed 12-17-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100562

RECEIVED

District Health Officer - No. 67

District File Number 146-90

Date Filed JAN 22 1946

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

Wm Morris Payne

Licensed Embalmer No.

13412

P. O. Address

Wheaton, 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.