DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4899

State File No.

FILED MAR 7 1946

Registration District No. ___ Primary Registration District No. 5241 Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural—Madison Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution XXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXXX
(Specify whether years, months or days)

In this community All of life

3. (a) PRINT FULL NAME OMA CATHERINE BROYLES

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXXX

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Bender Broyles

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

7. Birth date of deceased May 29, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	7	X hr. X min.

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

10. Usual occupation Housewife

11. Industry or business XXXXX

12. Name Charles T. Jones

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

14. Maiden name Mary O'Neil

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

16. (a) Informant Elsie Oneal

(b) Address R3. Stockton. Mo

17. (a) Burial (b) Date thereof 2-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 3-1-46 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. Madison Township
(If rural, give location)

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

If yes, name country XXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5, year 1946 hour 3PM minute M.

21. I hereby certify that I attended the deceased from Aug 1, 1945, to Feb. 5, 1946 that I last saw her alive on Feb. 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation

Duration 10 M.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

950

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 (M. D. or other)

Address Stockton Mo Date signed 2-6-46

54 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 7,

2-46-15?

3-6-46

Date Filed

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...*Melvin Church*

Licensed Embalmer No. *3975*

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.