

FILED APR 10 1946

State File No.

Registration District No. 160

Primary Registration District No. 5692

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Herculaneum
(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 37 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(If outside city or town limits, write "RURAL")
(d) Street No. Mat St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lula Lea Broombaugh
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1946 hour 4 minute 30 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Melvin Broombaugh 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October - 17 - 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 14 1946 to Mar 15 1946
that I last saw her alive on Mar 15 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 5 29 hr. _____ min.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension & arteriosclerosis
Due to Diabetes
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: None
Of operations None
Of autopsy None

10. Usual occupation Housewife
11. Industry or business _____
12. Name George W. Cox
13. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Self
15. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

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)
(If Means of injury _____)
23. Signature Curryth Perry (M. D. or other) MD
Address Herculaneum, Mo. Date signed 3/17/46

16. (a) Informant Melvin Broombaugh
(b) Address Herculaneum Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/1946
(Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum Mo.
18. (a) Signature of funeral director J. S. Vinyard
(b) Address Festus Mo.
19. (a) March 16 1946 (Date received local registrar) (b) Alissa Brown (Registrar's signature)

Duration 12 hrs
Eye
5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

8812

JUN 6 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..... *A. W. Myard*

Licensed Embalmer No. *3010*

P. O. Address. *Festus 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.