

7. S. No. 2
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Rev. 5-17-39
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18450

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 9 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 713

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 46 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph (Rural) 2
(If outside city or town limits, write "RURAL")

(d) Street No. Belt Hwy. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Lee Broom

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 2 minute A M.

21. I hereby certify that I attended the deceased from June 16, 1946 to June 16, 1946
that I last saw him alive on June 16, 1946
and that death occurred on the date and hour stated above.

4. Sex Male D 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November 9 1880
(Month) (Day) (Year)

Immediate cause of death Heart Stroke

Duration 12 hrs.

8. AGE: Years Months Days If less than one day

<u>65</u>	<u>7</u>	<u>7</u>	hr. min.
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Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Cambridge Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stockman

PHYSICIAN

Underline the cause to which death should be charged statistically.

1946

11. Industry or business _____

12. Name George Broom

13. Birthplace Zanesville Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Allen

15. Birthplace Zanesville Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Broom

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 6-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cem.

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? _____

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) June 24, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address 620. 3rd St Date signed 6/17/46

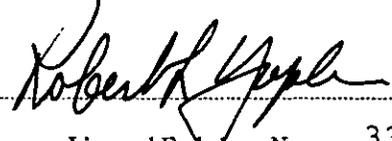
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18450

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..... .....

Licensed Embalmer No. 3308.....

P. O. Address. St Joseph, 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.