. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. 950

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1455

Primary Registration District No. 4246

Registrar's No. ~~489~~ 1

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs Mo
(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 73 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Wm Richard Broaddus

3. (b) If veteran, name war —

3. (c) Social Security No. 495-09-6218

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Joan

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov (Month) 10 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	21	..... hr. ..... min.

9. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired Jackson Co

11. Industry or business Employee

FATHER
12. Name D. R. Broaddus
13. Birthplace Lexington (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Lucy McCord
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant T. S. Broaddus
(b) Address Blue Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 3 (Day) 47 (Year)
(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G B Webb Son
(b) Address Blue Springs Mo

19. (a) JAN. 3, 1947 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 1
year 1947 hour 9 45 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Insufficiency	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
Of autopsy — History & Inspection

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 3

23. Signature James C Walker (M. D. ~~or other~~ Coron)
Address 1424 Pro Bldg K.C., Mo. Date signed 1-1-47

378 (Licensed Embalmer's Statement on Reverse Side)

JAN 1 1948

DEC 12 1958

FEB 10 1947

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Bluesprings 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.