

FILED FEB 10 1947

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 months
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME: Anna Melinda Broaddus

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: female 5. Color or race: White 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lansing B. Broaddus 6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: October 31 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation: housewife

11. Industry or business: _____

MOTHER FATHER

12. Name: Frank Miles

13. Birthplace: Randolph County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Herrill

15. Birthplace: Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. L.B. Broaddus

(b) Address: Huntsville, Missouri

17. (a) burial (b) Date thereof: 1/26/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Huntsville, Missouri

18. (c) Signature of funeral director: Tom B. Patton

(b) Address: Huntsville, Mo.

19. (a) 1-26-47 (b) Leah Williamson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph
(c) City or town: Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No.: South Oak Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1947 hour 2:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 22 1947
that I last saw her alive on Jan 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of Liver
Biliary jaundice Duration 18 mo.

Due to _____
Due to _____
Other conditions: 124 B
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Same diagnosis
Of operations: _____
Of autopsy: none
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: _____
23. Signature: R. Dreyer (M. D. or other) MD
Address: Huntsville Mo Date signed: 1/25/47

RECEIVED
District Health Officer No. 10
Dist. No. 10
Date Filed FEB - 5 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 Paul J. Patton
Licensed Embalmer No. 4095
P. O. Address Huntsville, 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.