

**FILED AUG 25 1947**  
Registration District No. **1000**

Primary Registration District No. **1000**

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

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: **2015 Clay Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... **Not** (Specify whether)  
In this community... **30 years.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2015 Clay Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Harry Howard Broadhead**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-09-3090**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife **Mary Ford Broadhead** 6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **October 29 1879**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **11** If less than one day  
hr. min.

9. Birthplace **Pleasant Hill Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Secy & Treasurer Ford Investment Co.**

11. Industry or business **Garland Carr Broadhead**

12. Name **Unknown** 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marion W. Wright**

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

16. (a) Informant **Mrs. Mary Ford Broadhead**  
(b) Address **2015 Clay St., St. Joseph, Mo.**

17. (a) **Ford Vault** (b) Date thereof **Aug. 12, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**  
(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **Aug 12 1947** (b) **E. C. Jackson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8.10.47** day **3** hour **3** minute **00** P. M.

21. I hereby certify that I attended the deceased from **8.10.47** 19.....  
....., 19....., to **8.10.47**, 19.....  
that I last saw him alive on **8.10.47**, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **83A**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause of 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 **0**

23. Signature **J. P. Ryan** (M. D. or other)

Address **St. Joseph, Mo** Date signed **8.10.47**

SEP 2 1947

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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 Albert L. Harrington  
Licensed Embalmer No. 3258 Missouri  
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.