

No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28278

FILED AUG 23 1947

Registration District No. 275

Primary Registration District No. 3039

Registrar's No. 131

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

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL.")

(d) Street No. N. Kansas 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Sally Esther Broadus

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1947 hour 5 minute 45 A

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Derwood Broadus 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Aug 4 1872
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Congestive Heart Failure

Due to _____

8. AGE: Years 74 Months 11 Days 28 If less than one day, hr. _____ min. _____

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

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

10. Usual occupation House wife

11. Industry or business _____

12. Name George Handy 4

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Susan Handy

15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations GHA

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Derwood Broadus

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Aug 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) Aug 6 47 (b) Belletton
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature P. O. Ottman (M. D. or other) M.D.

Address Marceline Mo Date signed Aug 5 47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Filburn Keith Tillotson....., Registered Apprentice No. *438*
working under my personal supervision.

Signed *Dale Bunch*.....

Licensed Embalmer No. *4088*.....

P. O. Address *Marion, 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.