

FILED SEP 18 1947

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Coke  
(b) City or town JEFFERSON-CITY  
(c) Name of hospital or institution: ST MARY'S Hospital  
(d) Length of stay: In hospital or institution 2 1/2 days  
In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER Co  
(c) City or town ELDON  
(d) Street No. 1027 MILLER ST  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country                     

3. (a) PRINT FULL NAME Jesse-Robert-McBroom

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

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

6. (b) Name of husband or wife Leota-Lucile-McBroom  
6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased MAY 16 1910  
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 2  
If less than one day                      hr.                      min.

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

10. Usual occupation PARIS-MAN

11. Industry or business BARAGE

12. Name Joel-H-McBroom

13. Birthplace MILLER-Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name MARY-MARTHA-ATKIN

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

16. (a) Informant Leota McBroom  
(b) Address ELDON Mo

17. (a) BURIAL (b) Date thereof 8-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLEAN-Cem

18. (a) Signature of funeral director R. P. Davis MD

(b) Address ELDON Mo

19. (a) 8-18-47 (b) R. P. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
year 1947 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 15  
1947 to Aug 18 1947  
that I last saw him alive on Aug 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis  
Duration one week

Due to Acute exacerbation of a chronic pain  
Due to sinusitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8.05.

Of autopsy Encephalitis

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 J. T. Leslie (M. D. or other)                       
Address JEFFERSON-CITY Mo Date signed 8/18/47

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

6  
5  
4

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

DEC 30 1947  
DEC 17 1947  
1947

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed

SEP 18 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 Keith M. Kayser  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.