

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 5 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME BERTHA BROADBENT

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James E. Broadbent 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased March 7 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 23 X hr. X min.

9. Birthplace Arora Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business MARRIAGE - James Same as above

12. Name Marcus James

13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Martica Kootch

15. Birthplace Unknown Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. C. Leininger

(b) Address RR#8 North Kansas City

17. (a) Removal (b) Date thereof 10/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arora, Neb.

18. (a) Signature of funeral director MORTON SMITH S.F.H.

(b) Address 832 Armour Rd, N.K.C., Mo.

19. (a) 10-2-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Foxwood, RR#8 North Kans. City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 30th
year 1947 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9-9-47
19 9-30-47 to 9-30-47 19 9-30-47

that I last saw him er alive on 9-30-47 19 9-30-47
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Mellitus Duration ?

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 0

23. Signature R. J. ... M.D. (M. D. or other)

Address N.K.C., Mo Date signed 10-1-47

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

MOTHER FATHER

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.....

Charles H. Planning

Registered Apprentice No. *449*

working under my personal supervision.

Signed.....

Theron O. Smith

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City, 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.