

No. 2  
-12-45  
5-17-39  
47070

FILED MAY 25 1948

Registration District No. 278

Primary Registration District No. 3052

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 916 W. 5th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 48 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 50  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 916 W. 5th 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dr. Beverly E. Broadus

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 4

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

6. (b) Name of husband or wife Mary Bowers 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 24 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 7 23 hr. min.

9. Birthplace Cooper Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business \_\_\_\_\_

12. Name Beverly V. Broadus

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

14. Maiden name Irena Crist

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

16. (a) Informant Mrs. B. E. Broadus

(b) Address 916 W. 5th

17. (a) Burial (b) Date thereof 5-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia, Mo.

19. (a) 5-19-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17  
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 2/1 1948 to 5-17 1948  
that I last saw him alive on 5-17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Duration 24hr  
Due to Endocarditis 54hr

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

Other conditions \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature Dr. Broadus (M. D. MD)  
Address Sedalia Mo Date signed 5/19/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-24-48

APR 24 1948

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.....

K.P.M. Leary

Licensed Embalmer No.

3153

P. O. Address.....

Sedalia 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.