V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32360

Registration District No. 72 Primary Registration District No. 5-289 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Clay Gallatin Twp.
(b) City or town Rural Foxwood Add. R 487 N.K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Foxwood Add. North Kansas City Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community 6 years
years, months or days)

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. R.R 487 North Kansas City 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME James E. Broadbent
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Bertha Broadbent
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased April (Month) 30 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
88	5	11	XX hr. XX min.

9. Birthplace Annawan (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation Livery Bussiness
11. Industry or business Self Retired
FATHER
12. Name William Broadbent
13. Birthplace Yorkshire Co. (City, town, or county) England (State or foreign country) 4
MOTHER
14. Maiden name UNknown
15. Birthplace England (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs M.C. Leinenger
(b) Address Foxwood Add. North Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Aurore Nebraska
18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.
19. (a) Oct 12 - 48 (Date received local registrar) (b) Beulah Kitchens (Registrar's signature) 2

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 11
year 1948 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from Sept. 1947, to Oct 10, 1948;
that I last saw him alive on Oct 10, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia	3 days
Due to Generalized arteriosclerosis	15-20 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 97

PHYSICIAN
Underline the cause to 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
23. Signature [signature] (M. D. or other)
Address 2025 Swift Date signed 10-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-5-48

SEP

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 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.