

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19444

2394

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2394	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (In this place) 40 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION LINDEMAN CONVALESCENT HOME				d. STREET ADDRESS (If rural, give location) 709 WESTPORT ROAD			
3. NAME OF DECEASED (Type or Print) a. (First) MALACHY			b. (Middle) J.		c. (Last) BRODERICK		4. DATE OF DEATH (Month) (Day) (Year) 5 31 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAMFITTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) IRELAND		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John Broderick			13b. MOTHER'S MAIDEN NAME MARGARET HERBERT		14. NAME OF HUSBAND OR WIFE Julia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-12-5678		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS CECILIA CRANE, 3826 EAST 8TH.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stomach Cell Carcinoma of face</i> ANTECEDENT CAUSES (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>191X</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Malignant erosion of A.</i>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 15, 1949</i> to <i>June 1, 1949</i> , that I last saw the deceased alive on <i>May 31, 1949</i> , and that death occurred at <i>11:10 p. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Richard L. Dehner</i> (Degree or title)				23b. ADDRESS <i>1630 Professional Bldg.</i>		23c. DATE SIGNED <i>6/2/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-3-49		24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
DATE REC'D BY LOCAL REG. 6-2-49		REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i>					
				25. FUNERAL DIRECTOR'S SIGNATURE <i>J. F. Woodell</i>		ADDRESS 3256 BROADWAY	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address *K.C. 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.