. S. No. 2
M—1-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 849

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15792

Primary Registration District No. 6125

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Rural--Morriss Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Morriss Twp. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles Harvey Broyles

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Jane Broyles

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August (Month) 7 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	7	25	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name James Broyles
13. Birthplace Don't know (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name Catherine ?
15. Birthplace Don't know (City, town, or county) ? (State or foreign country)

16. (a) Informant Mamie L. Broyles
(b) Address Milan, R 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Broyles Cem.

18. (a) Signature of funeral director Glenn E. Kuntz Co.
(b) Address Green City, Missouri

19. (a) 5-4-42 (Date received local registrar) (b) Edna M. Haas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from MAR 24 ....., 1942, to April 2, 1942
that I last saw her alive on April 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Dropsy	1 year
Due to Valvular Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ..... 90 ℔
Of autopsy .....

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature H. E. Degner (M.D. or Other)
Address Green City, Mo. Date signed 4-4-42

1213 (Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1942

RECEIVED
District Health Officer No. 10
District File Number 5-42-899
Date Filed MAY 6 1942

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.