

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34316

FILED OCT 29 1945

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 282

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:
1802 South Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1802 South Summit 4
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles N. Broyles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Sarah E. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Trucking

11. Industry or business _____

12. Name James Broyles

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

14. Maiden name Nancy Mize

15. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Broyles

(b) Address 1802 South Summit

17. (a) Burial (b) Date thereof Oct. 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 10-23-45 (b) H. G. Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1945 hour 7:00 minute 30 M.

21. I hereby certify that I attended the deceased from let in 1945 to 11 1945
that I last saw him alive on 10-11-45
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Paresis Duration _____
cardiac trouble

Due to senility

Due to old age

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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. G. Campbell (M. D. or other) H. G. Campbell
Address Sedalia, Mo. Date signed 10-12-45

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

MOTHER FATHER

1486

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Date 5/10/19 10:29 AM

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 KO McCreary
Licensed Embalmer No. 345 B
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.