

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34514

State File No.

Registration District No. 296

Primary Registration District No. 4445

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orriev, Mo.
(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 all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME HETTIE D. BROADHURST

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

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 2

(b) Name of husband or wife John M Broadhurst (c) Age of husband or wife if alive years

7. Birth date of deceased April 13, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>26</u>	hr. min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name James Tarwater

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Eatherine Stahl

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alpha O. Bell

(b) Address Orriev

17. (a) Burial (b) Date thereof 10-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Ch. Cem

18. (a) Signature of funeral director B. W. Wood

(b) Address Orriev Mo.

19. (a) 10/12/46 (b) Heleen J. Rankin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

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

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1946 to Oct. 9, 1946
that I last saw her alive on Oct. 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 1 week

Due to Chronic forebrainstem neoplasm Unknown

Due to _____

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

Major findings: Of operations 131A

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) (c) Means of injury _____

23. Signature Virgil E. Shale (M. D. or other) 0

Address Orriev Mo. Date signed 10-12-46

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

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(Licensed Embalmer's Statement on Reverse Side)

12-27-46
District Health Department, St. Louis, Mo.
District File Number.....
Date Filed 10-19-46

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.

Self

Signed Victor E. Trummer

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.