

No. 300
M-10-47
y. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
U.S. Department of Justice
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17261
Registrar's No. 45

Registration District No. 297

Primary Registration District No. 3057

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 N. Whitmer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 403 N. Whitmer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Ephrim Broadhurst
(b) If veteran, name war None
(c) Social Security No. None

4. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6
year 1948 hour 11:40 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora O'Dell 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 4, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 17, 1948 to May 6, 1948
that I last saw him alive on May 6, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days 2 If less than one day hr. min.

Immediate cause of death Diabetic Coma Duration 3 days
Due to Diabetes 5 yrs.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer, retired
11. Industry or business Farming

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations GI
Of autopsy _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Kansas City, Missouri
(b) Address Burial
17. (a) Burial (b) Date thereof 5/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature D. E. G. Raman (Ink) (Date) May 5, 48
Address Richmond, Mo. Date signed _____

(c) Place: burial or cremation Lewis Cem.
18. (a) Signature of funeral director Quest-Lile F.H.
(b) Address Richmond, Missouri
19. (a) May 27, 1948 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

9
1
1

89

0

9

9

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-4-48

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

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.