

S. No. 2
OM-5-43
v. 5-17-39
I X36871

32180

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 22 1947

Registration District No. 296

Primary Registration District No. 4445

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orrick
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community All of her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Jettie Ann 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 Widow

6. (b) Name of husband or wife James Broadhurst

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

7. Birth date of deceased Aug. 21 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>23</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 George McMullin

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

14. Maiden name Sarah Vigels

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

16. (a) Informant Earl McMullin

(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem

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

(b) Address Orrick, Mo.

19. (a) 8/15/47 (b) Helen J. Larkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1947 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from July 10, 1947, to Aug 14, 1947;
that I last saw her alive on Aug 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 hrs

Due to Carcinoma of Anterior abdominal wall.

Due to _____

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

Major findings: Of operations 558

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 0

23. Signature Virgil E. Slade (M. D. or other)

Address Orrick Mo. Date signed 8-16-47

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

89

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RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 7-18-47

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 _____

Self

Registered Apprentice No. _____

working under my personal supervision.

Signed Victor E. Luning

Licensed Embalmer No. 2896

P. O. Address Liberty, Missouri

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.