S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 7-14

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14724

Primary Registration District No. 5614

Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town RURAL HOOKER TWP. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MACKS CREEK STAR RT. LEBANON MO (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NEITHER (Specify whether years, months or days) In this community 6 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town LEBANON MO (If outside city or town limits, write "RURAL")
(d) Street No. MACKS CREEK ☆ RT. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

53 0 0 0

3. (a) PRINT FULL NAME FRANK M. BROYLES
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife ELSIE DRENNAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 19 (Day) 1882 (Year)
8. AGE: Years 60 Months 7 Days 1 If less than one day hr. min.
9. Birthplace KIRKSVILLE (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name SIMEON DAVID BROYLES
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name DELIALIA PATTERSON
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Ernest L. Broyles
(b) Address Des Moines, Ia.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation BOLES CEMETARY
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) May-6-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4 year 1942 hour ABOUT 7 minute A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death JUGULAR VEIN SEVERED	
Due to GUN SHOT WOUND	
Due to	
Other conditions (Include pregnancy within 3 months of death) 164C	
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) SUICIDE
(b) Date of occurrence MAY 4th 1942
(c) Where did injury occur? LACLEDE, MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? IN THE WOODS (Specify type of place)
While at work? NO (e) Means of injury SHOT GUN
23. Signature James D. Stanton (M. D. or other) Coroner
Address Lebanon Date signed 5/6

1090 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

~~District Health Officer No.~~

~~District~~ File Number 5-42-96

Date Filed May 16, 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 Allyn Delheroge, Registered Apprentice No. 294, working under my personal supervision.

Signed R A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.