. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15384

Registration District No. 775 Primary Registration District No. 6020A Registrar's No. 19

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

94
2
1

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre Town
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. 28 Park 2
(If rural, give location) 1
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ^

3. (a) PRINT FULL NAME JAMES ALVAH BROADHEAD
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased January (Month) 19 (Day) 1939 (Year)

8. AGE: Years 3 Months 2 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Kennett (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business .....
FATHER
12. Name James N Broadhead
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucretia Lansdell
15. Birthplace Kennett (City, town, or county) Missouri (State or foreign country)
16. (a) Informant James N Broadhead
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Kennett Mo
18. (a) Signature of funeral director Benham Hud Co.
(b) Address 313 Benham Bonne Terre Mo
19. (a) 4-18-42 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from By Inquest Duties April 17th, 1942
that I last saw ..... alive on ....., 19....
and that death occurred on the date and hour stated above.
Immediate cause of death Accidental Drowning
Jury Verdict: We the jury find the deceased came to his death
Due to by accidental drowning
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

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) Accident
(b) Date of occurrence April 16th 1942
(c) Where did injury occur? Bonne Terre (City or town) St. Francois (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At neighbors home 3
(Specify type of place)
While at work? No (e) Means of injury Drowning
23. Signature Clarence Claywell (M.D. or other) Coroner
Address Bonne Terre Mo Date signed 4/17/42

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 542-547

Date Filed 5-12-42

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 Leonard John Vargo, Registered Apprentice No. 311, working under my personal supervision.

Signed G. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.