

S. No. 2  
-1-4-41  
5-17-39  
P1 X2839

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29354  
Registrar's No. 3490

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days) 58 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Platte  
(c) City or town Parkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 21  
year 42 hour 7:00 minute P M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the \_\_\_\_\_ date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
7. Name of husband or wife Rada Carbaugh 6. (c) Age of husband or wife if alive 54 years  
8. Birth date of deceased September 12 1884  
(Month) (Day) (Year)

Immediate cause of death Multiple skull fracture  
Sub-dural hematoma  
Due to \_\_\_\_\_  
Due to Peelation struck by motor car

8. AGE: Years 58 Months 0 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 170 C.  
Major findings: Of operations 21  
Of autopsy See above

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

10. Usual occupation Grocery

11. Industry or business \_\_\_\_\_  
12. Name Columbus Broadhurst  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle Prather  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mo Frank Broadhurst

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident

(b) Address Parkville Mo

(b) Date of occurrence 9/21/42

17. (a) Burial (b) Date thereof Sept. 23 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where and how occurred 3rd St. from Main Street ROOM  
(City or town) (County) (State)

(c) Place: burial or cremation St. M. Mough K.C. Mo.

(d) Did injury occur in or about home or in industrial place, in public place?  
Street  
(Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Leland H. Francis  
(b) Address Parkville Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

19. (a) 9/23/42 (b) W. M. Crow  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. P. Crowther) 3  
Address [Signature] Date signed 9/23/42

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

MOTHER FATHER

**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 me.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.**