

BUREAU OF THE REGISTERS
FILED SEP 30 1942

Registration District No. 98

Primary Registration District No. 5357

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural ~~Pattonburg~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Benton Twp 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 Mo (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 147 Van Horn 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
In this community 30 Years
If yes, name country _____

3. (a) PRINT FULL NAME John Broadus

3. (b) If veteran, name war X 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Broadus 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 12 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Labor

11. Industry or business _____

12. Name William Broadus

13. Birthplace Do Not Know
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Williams

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Broadus, Independence, Mo

(b) Address 147 East Vanhorn

17. (a) Removal Removal (b) Date thereof 9 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetary

18. (a) Signature of funeral director [Signature]
(b) Address Pattonburg, Mo

19. (a) 9-24-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1942 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from after death 19____ to _____ 19____
that I last saw him live on _____
and that death occurred on the date and hour stated above.

Immediate cause of death traumatic rupture of left cerebellum - 1st. 2nd left ribs + sternum

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 031

(b) Date of occurrence Sept 7 1942

(c) Where did injury occur? (Rural) Daviess mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 69-1 mi. west of Pattonburg mo
While at work? _____ (Specify type of place)

(e) Means of injury automobile

23. Signature [Signature] (M. D. or other) 00
Address Pattonburg, Mo Date signed 9-24-42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 30 1942

OCT 9 1942

OCT 26 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.