

FILED NOV 9 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3909

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:
511 West 34th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs. or over years, months or days)

3. (a) PRINT FULL NAME Joseph Edward Broughal

3. (b) If veteran, name war no. 3. (c) Social Security No. 493-12-0964

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Hennieta B. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace South Bethlehem Pa. (City, town, or county) (State or foreign country)

10. Usual occupation Building mgn.

11. Industry or business coal business at one time

MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Lucille G. Deady

(b) Address 511 West 34th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director J. F. O'Connell

(b) Address 3256 Broadway

19. (a) 10-23-42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3125 Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1942 hour 7:00 minute 30 M.

21. I hereby certify that I attended the deceased from 3-2-42 to 10-21-42

that I last saw him alive on 10-19-42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic diffuse nephritis Duration 3 weeks

Due to Chronic diffuse nephritis

Due to 131B

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____ (Specify type of place) (e) Means of injury _____

23. Signature And. J. Lowrey (M. D. or other) _____

Address South Broadway Date signed 10-23-42

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

48
863

48
3
F

C

Dr. Ford J. Lowrey
Lathrop Bldg.

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.....

Park G. Rowe

-81

Licensed Embalmer No.

2347

P. O. Address.....

K. E. 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.