

FILED JUN 24 1943

Registration District No. 283

Primary Registration District No. 2855

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon
(c) Name of hospital or institution: Mo State Sanatorium
(d) Length of stay: In hospital or institution 591 days
In this community 591 days -

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Troy
(d) Street No.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME CLARENCE BROYLES

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased July 9 1889

8. AGE: Years 53 Months 10 Days 18

9. Birthplace Lincoln County Mo

10. Usual occupation Gardener

11. Industry or business

12. Name Samuel Broyles

13. Birthplace Lincoln Co Mo

14. Maiden name Fannie Morris

15. Birthplace Lincoln Co Mo

16. (a) Informant M. Michael Reed Clerk

(b) Address Mo State Sanatorium, Mt Vernon Mo

17. (a) (b) Date thereof May 28 1943

(c) Place: burial or cremation Troy Mo

18. (a) Signature of funeral director J. Geo Barr

(b) Address 525 4th Merriam Mo

19. (a) (b) (Date received local registrar) (Registrar's signature) Betty Crawford

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 13 1941 to May 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pul tuberculosis 3 1/2 yrs
Due to 13 f

Other conditions: Hypertension
Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. B. Stokes, M.D. (M. D. or other) Address: Mt Vernon, Mo. Date signed: 5/27/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 643-716

Date Filed JUN 22 1943

10447

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.....
George B Orr

Licensed Embalmer No.....
946

P. O. Address.....
McKernon, Md

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.