

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. **3549**

S. No. 2
OM-2-43
5-17-36
PI X33

FILED AUG 27 1943

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kanana City**
(c) Name of hospital or institution: **1402 E Euclid**
(d) Length of stay: In hospital or institution, write street number or location
In this community **About 20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kanana City**
(d) Street No. **1402 E Euclid**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Broomfield, Lula**
(b) If veteran, name war **no**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** - day **14** - year **1943** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Aug 9** to **Aug 14** that I last saw him alive on **Aug 13** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **negro**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **Wesley Broomfield**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **sex 1 - 1870** (Month) (Day) (Year)

Immediate cause of death _____
Due to **Chronic Hypertension**
Due to _____
Other conditions **Hypertension**
Major findings: Of operations **93d**
Of autopsy _____

8. AGE: Years **72** Months **8** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **Cass Co., Texas** (City, town, or county) (State or foreign country)

10. Usual occupation **housework**

11. Industry or business _____

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

16. (a) Informant **me Mary Price**

(b) Address **1402 E Euclid**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 18, 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **W. E. Brown**
(b) Address **1212 Vine St. R.C. Mo.**

19. (a) **8-17-43** (Date received local registrar) (b) **W. E. Brown** (Registrar's signature)

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 work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **W. E. Brown** (M. D. or other) _____
Address **1612 E 12** Date signed **16**

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

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

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..... *E. Sterling Bull*

Licensed Embalmer No. *73178*

P. O. Address..... *1212 mine*
K. C. 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.