

FILED JUL 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 736

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs 2 mo 25 da
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Immet J Broughman

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marcel Broughman

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Jan 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Harvey Broughman

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

14. Maiden name Julia McHenry

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

16. (a) Informant Marcel Broughman

(b) Address 1921 E 81st Rd Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address St. Joseph, Missouri

19. (a) June 27, 1946
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Jackson

(c) City or town Mo. R.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 1921 E 81st
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 6:30 minute 6 M.

21. I hereby certify that I attended the deceased from June 1
1946, to July 18 1946
that I last saw him alive on June 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Epileptic seizures

Due to Non-epileptic

Due to _____

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

Major findings: 45

Of operations _____

Of autopsy _____

Duration 2 days

PHYSICIAN _____

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 work? _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M.D. or other) MD

Address State Hosp # 2 Date signed 6/18/46

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.

*This body was
not embalmed.*

Signed

Walter Meierhoffer Jr.

Licensed Embalmer No.

4244

P. O. Address

St. Joseph, 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.