

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17333**
 Registrar's No. **2273**

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
Kansas City General Hospital No. 10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20 days**
(Specify whether years, months or days)
 In this community **1 year**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2317 E. Meyer**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Anna Broyles**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **none**
 4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Charles Broyles** 6. (c) Age of husband or wife if alive **79** years
 7. Birth date of deceased **January 25 1871**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **23rd**
 year **1947** hour **11** minute **00** P.M.
 21. I hereby certify that I attended the deceased from **May 3,** 19**47**, to **May 23,** 19**47**,
 that I last saw her alive on **May 23,** 19**47**,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 3 28 hr. min.

Immediate cause of death **Bilateral broncho pneumonia following a fractured hip**
 Duration _____
 Due to _____
 Due to _____

9. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
Home

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy **See above**

MOTHER FATHER
 11. Industry or business _____
 12. Name **William Whittman**
 13. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Zinns**
 15. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
186-2
99

16. (a) Informant **Mrs. Benie Markwell**
 (b) Address **2317 E Meyer, K.C. Mo**
 17. (a) **removal** (b) Date thereof **5-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sedalia Missouri**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 123**
 (b) Date of occurrence **May 2, 1947**
 (c) Where did injury occur? **Do not know**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Do not know

18. (a) Signature of funeral director **Melody-McGilley-Ey** ar
 (b) Address **1800 E Linwood Blvd, K.C. Mo**
 19. (a) **5-24-47** (b) **Gladine Holme**
(Date received local registrar) (Registrar's signature)

While at work? **721** (Specify type of place) (c) Means of injury **Fall**
 23. Signature of physician **Wm W. Hart** (M. D. or other) **MD**
 Address **Meath & Cherry Hospital #1** Date signed **5-24-47**

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. 2997

P. O. Address..... KC

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.