No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30388

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1170

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: Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. R.#3 St. Joseph, Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Orville Edgar Broyles

3. (b) If veteran, name war None

3. (c) Social Security No. 488-14-1983

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gretchen Broyles

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September (Month) 13 (Day) 1884 (Year)

8. AGE: Years 63 Months 0 Days 14 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Musician

11. Industry or business MUSICIANS LOCAL #50.

FATHER
12. Name William Broyles
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Simpson
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Gretchen Broyles

(b) Address R.#3 St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 10-1-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th year 1947 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from 8-18- 1947 to 9-27 1947 that I last saw him alive on 9-27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to arteriosclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause of 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? — (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry Lenz MD (other) D.O

Address 823 Faraon St. Date signed 9-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

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.