

S. No. 304
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FEDERAL SECURITY AGENCY
 National Office of Vital Statistics
FILED JUN 25 1948
 Registration District No. 178

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19314
 State File No. _____
 Registrar's No. 37

Primary Registration District No. 3024

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

1. PLACE OF DEATH:

(a) County Howard
 (b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
 (c) City or town Fayette 1
(If outside city or town limits, write "RURAL")
 (d) Street No. New Edition 1
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) (X)
 If yes, name country _____

3. (a) PRINT FULL NAME Katie Belle Broadus

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-07-0865

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 9, 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name John Broadus
 13. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Bernita Shipley
 15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernita Shipley
 (b) Address New Edition Fayette, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48
(Month) (Day) (Year)
 (c) Place: burial or cremation Fayette City Cem.
 18. (a) Signature of funeral director Ralph A. Carr
 (b) Address Fayette, Missouri
 19. (a) 6-19-1948 (b) Deathy Jean Schen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
 year 1948 hour 9:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from June 13 1948 (only), 19____, to _____, 19____; that I last saw her alive on May 24, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma right breast 6 months
 Duration

Due to _____

Due to _____

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

Major findings: Of operations 50
 Of autopsy _____
 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 Med

23. Signature Deathy Jean Schen (M. D. or other) med
 Address See Tony Fayette, Mo Date signed 6/16/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-24-48

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 Ralph A. Carr

: Licensed Embalmer No. 3340

P. O. Address Gayette 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.