S. No. 2
11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10064

FILED APR 2 1947

Registration District No. 2/ Primary Registration District No. 5791 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California Rural Burris
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM S. McBROOM.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE 12 - 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	8	hr. min.

9. Birthplace California (City, town, or county) MO. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Peter McBroom
13. Birthplace (City, town, or county) KY. (State or foreign country)
MOTHER 14. Maiden name Mary Staifer
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs W. S. McBroom
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Yarnell Cem.
18. (a) Signature of funeral director G. M. Steffens
(b) Address Russellville Mo.
19. (a) 3/25/47 (Date received local registrar) (b) C. H. Wall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20 year 1947 hour 2 minute 53 P.M.
21. I hereby certify that I attended the deceased from Jan 5, 1947, to March 20, 1947
that I last saw him alive on March 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death. Chronic Myocarditis	2 years
Due to Influenza	2 week
Due to	

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 3-22-47

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(Licensed Embalmer's Statement on Reverse Side)

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 G. M. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[ith] the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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3-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 4

Registration District No. 219
Primary Registration District No. 5791

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Rural
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm S. McBroom
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Hannah
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 12 18[illegible]
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Moniteau Co MO
(City, town or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Peter McBroom
13. Birthplace K.Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Staifer
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm S. McBroom
(b) Address California. MO.
17. (a) Burial (b) Date thereof Mar 22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Yarnell Cemetary
18. (a) Signature of funeral director G. N. Steffens
(b) Address Russellville MO.
19. (a) April 1-47 (b) C. H. Nail
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Jan 5 1947, to Mar. 20 1947
that I last saw h alive on Mar 18 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Influenza	2 Wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Kenyon Latham (M. D. or other)
Address California MO Date signed 3/22/47

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

SUPPLEMENTARY

100604