

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18192**

Registration District No. **219**

Primary Registration District No. **5791**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **California Rural Bunk**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1**
(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

3. (a) PRINT FULL NAME **CHARLES HALE Mc-BROOM.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **ANNA McBroom**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 7 1871**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **28**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Charles McBroom**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Stager**
15. Birthplace **Kennel**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna McBroom**
(b) Address **California Mo.**
17. (a) **Burial** (b) Date thereof **6-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **DEFOE CEM.**

18. (a) Signature of funeral director **Wm. H. H. H.**
(b) Address **Russellville Mo.**
19. (a) **6/7/47** (b) **C. H. Hall**
(Date received local registrar) (Registrar's signature) **1947**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**
year **1947** hour **5** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **Jan 3**
19 **47** to **June 5** 19 **47**
that I last saw him alive on **June 5** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of arm with metastases**
Duration **6 months**

Due to _____
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 **0**
23. Signature **Kenyon Talham M.D.** (M. D. or other)
Address **California Mo.** Date signed **6-6-47**

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

1907 JUL 15 AM 10

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. N. Steffen

Licensed Embalmer No. 2307

P. O. Address

Russellville 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.