FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19036

Registration District No. 577 — Primary Registration District No. 5775 — Registrar's No. 7

1. PLACE OF DEATH:

(a) County Moniteau — Pilot Grove Twp
(b) City or town Latham, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- In this community Entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Latham, Mo
(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

2b

3. (a) PRINT FULL NAME Josephine E. Mc Broom
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Theodore Mc Broom
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased November (Month) 16th (Day) 1859 (Year)

8. AGE: Years 80 | Months 5 | Days 29 | If less than one day ----hr. ----min.

9. Birthplace Latham (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business -----

MOTHER FATHER
12. Name James L. Medlin
13. Birthplace Moniteau County (City, town, or county) Mo (State or foreign country)
14. Maiden name Polly Ann Foster
15. Birthplace California (City, town, or county) Mo (State or foreign country)

16. (a) Informant A. A. Mc Broom
(b) Address Latham, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton, Mo
19. (a) May 16 1940 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1940 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 13 1940 to May 15 1940 that I last saw her alive on May 14 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to Arterio sclerosis	
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? No
While at work? (Specify type of place) (e) Means of injury

23. Signature L. L. Latham (M. D. or other) 1
Address California Mo Date signed 5-15-40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jennee E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton Kan

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, above space should be left blank.