FILED APR 12 1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10674

Registration District No. 203 | Primary Registration District No. 4122 | Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Smithville (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: Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Smithville (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: Alexander Breckenridge

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed

6. (b) Name of ~~husband or~~ wife: Margaret McMillian

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

7. Birth date of deceased: Nov. 1, 1858 (Month) (Day) (Year)

8. AGE: Years 81 | Months 4 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Smithville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: ✓

MOTHER FATHER

12. Name: Robert Breckenridge

13. Birthplace: ✓ (City, town, or county) Ky. (State or foreign country)

14. Maiden name: Elizabeth Young

15. Birthplace: ✓ (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Miss Frankie Breckenridge

(b) Address: Smithville, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: Mar 16, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Smithville, Mo

18. (a) Signature of funeral director: McComas Mortuary

(b) Address: Smithville, Missouri

19. (a) 3-16-40 (Date received local registrar) (b) E. C. Hill 104 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14th year: 1940 hour: 5:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 1-3-38, 19..., to 3-14-40, 19...; that I last saw him alive on 3-14-40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	years
Chr. Hypertension	years
Chr. Myocarditis	years
Due to: Chr. Nephritis	years
Due to:	

Other conditions (Include pregnancy within 3 months of death): ✓

Major findings: Of operations: ✓

Of autopsy: None

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: Leonard Dunn (M. D. ~~or coroner~~)

Address: Smithville Mo Date signed: 3-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...ict Health Officer No. 8,
...ict File Number
Date Filed 4-9-40

JUL 27 1954

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address

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.