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-10-39  
7-39  
X21492

Registration District No. 70916

Primary Registration District No. 3038

Registrar's No. 147

1. PLACE OF DEATH

(a) County Saline

(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
314 East Ray  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20  
(Specify whether years, months or days)

In this community 1 yr 1 mo 10 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Marshall  
(If outside city or town limit, write "RURAL")

(d) Street No. 314 East Ray  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Clara May Breshers

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24  
year 1940 hour 9 minute 45 a. M.

4. Sex Female 5. Color or race White 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 Aug 14 - 1929  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-23-40 to 9-24-40  
that I last saw her alive on 9-23-40 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Marasmus

Due to Mal nutrition

Due to all life from history

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Harvey Breshers

13. Birthplace Hallam Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Truett

15. Birthplace Pott. Co. Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Harvey Breshers

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Sept 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Central Cem.

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo

19. (a) 9-25-40 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

23. Signature Al Britman (M. D. or other) \_\_\_\_\_

Address Marshall Mo Date signed 9-25-40

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

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 10-10-40

**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.....

*James H. Rennie*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *James H. Rennie*

Licensed Embalmer No. *1171*

P. O. Address *Marshall T.*

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

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