

Registration District No. **491**

Primary Registration District No. **57655**

Registrar's No. _____

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Linn
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JAMES MELVIN BREECH

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 22 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Melvin Breech

13. Birthplace Tray Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Ellen Turner

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

16. (a) Informant Melvin Breech

(b) Address Tray Mo.

17. (a) Burial (b) Date thereof Nov 25 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alexander Cem.

18. (a) Signature of funeral director Wayne M. Boy

(b) Address Tray Mo.

19. (a) Nov 20 - 40 (b) Mrs. Pearl Muck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
 year 1940 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 22-1940, 1940 to Nov. 24, 1940
 that I last saw him alive on Nov. 23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to _____
 Duration 15A

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? 440
 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. L. Hoeger (M. D. or other) M.D.
 Address Whitewater Mo. Date signed 11/24-1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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