No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4629

State File No.

Registration District No. 852 Primary Registration District No. 6124 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Sullivan ~~Jackson~~

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

(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Pollock
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Herbert Russell Breeding

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 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased March 8, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name John Thomas Breeding
13. Birthplace Browning Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evalora Grindstaff
15. Birthplace Pollock Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Thos. Breeding
(b) Address Pollock Mo.

17. (a) Burial (b) Date thereof Jan 25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry Com. Reyes Mo 769

18. (a) Signature of funeral director Schoenes
(b) Address Milan Mo.

19. (a) Feb 8 41 (b) Cleo Hagan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan. 22, 1940, to Jan. 24, 1941, that I last saw him alive on January 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 0 days

Due to Flu

Due to 33 V

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

23. Signature J. C. Roberts (M. D. ~~or other~~)
Address Pollock, Mo. Date signed 24/1/1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-356
Date Filed FEB 15 1941

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 Not embalmed, Registered Apprentice No. working under my personal supervision.

Signed: Frank D. Sikoe

Licensed Embalmer No. 2016

P. O. Address Milan, M

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

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