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FILED APR 10 1941

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **106**

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

1. PLACE OF DEATH: *Pettus*
 (a) County *Pettus*
 (b) City or town *Sedalia Mo*
 (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 *4 years*
 years, months or days

3. (a) PRINT FULL NAME *Wm J. Breeden*
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *M* 5. Color *W* 6. (a) Single, widowed, married, divorced *W - 2*
 6. (b) Name of husband or wife *John Breeden* 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased *8 30 - 1856*
 (Month) (Day) (Year)

8. AGE: Years *84* Months *6* Days *12* If less than one day _____ hr. _____ min.

9. Birthplace *Indiana* (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation *Farmer*

11. Industry or business _____

12. Name *Jennette Breeden*

13. Birthplace *Tenn* (City, town, or county) _____ (State or foreign country) _____

14. Maiden name *Elizabeth Gray*

15. Birthplace *Tenn* (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant *Mrs. Emest Breeden*

(b) Address *Sedalia Mo*

17. (a) *Burial* (b) Date thereof *3 26 41*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Rolls Cemetery*

18. (a) Signature of funeral director *W. B. Carter*

(b) Address *Rolls Cemetery*

19. (a) *3/25/41* (b) *Mrs. Harry Sneed*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Pettus*
 (c) City or town *Sedalia Mo* (If outside city or town limits, write "RURAL") *6*
 (d) Street No. _____ (If rural, give location) *(Rural) 4*
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *24*
 year *1941* hour *8* minute *30 a M.*

21. I hereby certify that I attended the deceased from *February 1*, 19 *41*, to *March 24*, 19 *41*, that I last saw *her* alive on *March 20*, 19 *41*, and that death occurred on the date and hour stated above.

Immediate cause of death *Ch Myocarditis* Duration *?*

Due to *Ch Glomerular Nephritis* ?

Due to *Senility* 12/8

Other conditions *Senility* 12/8 (Include pregnancy within 3 months of death)

Major findings: Of operations *None*

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) *no*

(b) Date of occurrence *no*

(c) Where did injury occur? *no* (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 *W. B. Carter M. D.* (M. D. or other) _____

Address *Sedalia Mo* Date signed *3/24/41*

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-9-11

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..... *B. F. Cancee*

Licensed Embalmer No..... *1592*

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, fact should be so stated above.