

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13419
State File No. 1400
Registrar's No.

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
 (a) County. Jackson
 (b) City or town. Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 Days
(Specify whether years, months or days)
 In this community. 6 Years

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State. Missouri (b) County. Jackson
 (c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4420 E. 10th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME. Elbert Breshears
 (b) If veteran, name war. None
 (c) Social Security No. 487-05-4302

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month. April day. 8
 year. 1941 hour. 7:05 minute. P. M.

4. Sex. Male 5. Color or race. White
 6. (a) Single, widowed, married, divorced. Widowed
 6. (b) Name of husband or wife. Unknown
 6. (c) Age of husband or wife if alive. _____ years
 7. Birth date of deceased. May 25 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10
 _____, 1941, to Apr. 8, 1941;
 that I last saw him alive on Apr. 8, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>13</u>	hr. _____ min.

Immediate cause of death. Carcinomatosis
 Due to. Primary of stomach 6 mos.?
 Due to. with liver metastases 4 mos.

9. Birthplace. Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation. Sheffield Steel

Other conditions. 46
(Include pregnancy within 3 months of death)

11. Industry or business. _____
 MOTHER FATHER { 12. Name. Monroe Breshears
 13. Birthplace. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name. Leaher Murrery
 15. Birthplace. Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations. _____
 Of autopsy. As above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant. Amel Breshears
 (b) Address. 4420 E. 10th St.
 17. (a) Burial (b) Date thereof. 4/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. Avery, Missouri

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? _____

18. (a) Signature of funeral director. Rose & Henderson
 (b) Address. 15th & Jackson St.
 19. (a) Apr. 9, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature. W. H. Hiest (M. D. or other) M.D.
 Address. 927 61/2 Date signed 4-9-41

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

8
3
8

*Det. Wilson's Print
Angie Rldg.*

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 *John B. Long*
Licensed Embalmer No. *2955*
P. O. Address *1722 9th*

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.