

FILED SEP 24 1941  
827

Registration District No. \_\_\_\_\_

Primary Registration District No. 4500

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Clarence

(c) Name of hospital or institution \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Clarence  
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LDA MAY BREEDLOVE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5  
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1927  
\_\_\_\_\_ 19\_\_\_\_ to Aug 5, 1941 19\_\_\_\_  
that I last saw him alive on Aug 5, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. D. Breedlove 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Apr 12 1872  
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy c/ left hemiplegia

Due to hypertension

Duration 3 days

8. AGE: Years 69 Months 3 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bloomington Ill  
(City, town, or county) (State or foreign country)

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

Major findings: 430  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

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

12. Name Charles O. Albert

13. Birthplace Hagerstown Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Anna A. Williams

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

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? \_\_\_\_\_

16. (a) Informant L. D. Breedlove

(b) Address Clarence mo

17. (a) Burial (b) Date thereof Aug 7 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Wylie Wood

18. (a) Signature of funeral director Wilton H. Boshell

(b) Address Clarence mo

19. (a) Aug 9 - 1941 (b) Roy Hamilton  
(Date received local registrar) (Registrar's signature)

23. Signature D. L. Hailan (M. D. or other) M.D.

Address Clarence mo Date signed Aug 1941

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1765

Date Filed SEP 22 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.....

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

working under my personal supervision.

Signed.....

*Harry A. Barkeler*

Licensed Embalmer No. 3830

P. O. Address Shelburne, Ma

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, fact should be so stated above.