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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. R. Glenn

State File No. 31589

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 740

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bapst. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Humansville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3 0
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1941 hour 6 minute 23 a.m.

21. I hereby certify that I attended the deceased from Sept 6 1941 to Sept 10 1941
that I last saw him alive on Sept 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchopneumonia 32 hr
due to Valvular Heart Disease ?

Due to Suppuration right leg 10 days
arteriosclerotic

Other conditions (Include pregnancy within 3 months of death) 10/1

Major findings: Of operations no operation
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John H. Breeze

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Breeze 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased. Feb. 28 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Farmer & Carpenter

12. Name James P. Breeze

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

14. Maiden name Rebecca A. Gann

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

16. (a) Informant Mrs. W.A. Brubeck

(b) Address Humansville, Mo. Route # 3

17. (a) Burial (b) Date thereof Sept. 11/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-11-41 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 1
23. Signature Robert Glenn (M. D. or other) MD
Address Springfield Date signed 9/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

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.

X