S. No. 2
—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1625

Registration District No. FILED FEB 10 1942 40

Primary Registration District No. 4024

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar Twn.
(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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Lamar 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Isaac Breeding

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Anis Breeding

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

7. Birth date of deceased July 13th, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	16	hr. min.

9. Birthplace Jacksonville, Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Wesley Breeding 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Hill
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orville Wright
(b) Address Lamar, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery near Everton, MO.

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) 1-30-42 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th year 1942 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Did not see him until after he was dead, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably coronary thrombosis. He died suddenly

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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 C. E. Duckett (M. D. or other) M.D.

Address Lamar Mo. Date signed 1-30-42

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 242-158
FEB 5 1942
Date Filed _____

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 R. W. Piner

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.