. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

27051

State File No.

Registration District No. 101 Primary Registration District No. 5406 Registrar's No. 52

34
0
0

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town [illegible] Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Seymour Mo. (b) County Douglas 34
(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANK LEE BREEDLOVE

3. (b) If veteran, name war

3. (c) Social Security No. 510-05-0483

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pansy Grace Breedlove

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. (Month) 4 (Day) 1883

8. AGE: Years 58 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Green Co. (City, town or county) Mo. 0 (State or foreign country)

10. Usual occupation Labor - Steel Worker

11. Industry or business

FATHER
12. Name William Breedlove
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Martin
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. A. McCampbell.
(b) Address Turner Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Kelley - Ferrell.
(b) Address Seymour Mo

19. (a) 9-5-42 (Date received local registrar) (b) Helena S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1942 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from Aug 4, 1942, to Aug 7, 1942, that I last saw him alive on Aug 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death applexy

Due to Hemmorag into internal capsule

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83a

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 2

23. Signature Dr. C. E. Harlan (M. D. or other) D. O.
Address Ava Mo. Date signed Aug 10/1942

1056 (Licensed Embalmer's Statement on Reverse Side)

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 K. K. Kelley

Licensed Embalmer No. 9334

P. O. Address Seymour, 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.