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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
City or town Elkland (Rural)
(If outside city or town limits, write "RURAL")
(d) Street Campbell
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLEY O. BRESHEARS

3. (b) If veteran. No name war _____
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Breshears
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec 26 - 1982
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Dallas, Dallas, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Calvin Breshears
13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Breshears
(b) Address Elkland Mo

17. (a) Burial (b) Date thereof Sept-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarity Cemetery

18. (a) Signature of funeral director E. J. Jones
(b) Address Elkland Mo

19. (a) 9-19-42 (b) E. H. Hendley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 19
year 1942 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 17 1942 to Sept 19 1942
that I last saw him alive on Sept 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Meningitis Duration 8 hrs.

Due to Osteomyelitis of bone surrounding frontal sinus. ?

Due to _____

Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations gla
Of autopsy _____
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 J. P. Bennett (M. D. or other) D.O.
Address Buffalo, Mo. Date signed 9/19/42

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

Clyde Montgomery

Licensed Embalmer No.

3595

P. O. Address

Buffalo 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.

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