

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31718
Registrar's No. 172

Registration District No. 137

Primary Registration District No. 4214

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Isabel Breckenridge

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Dec 6th 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 24
If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business no

12. Name J. E. GUNN
13. Birthplace Smithville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Cornum
15. Birthplace Smithville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Layne

(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof September 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director Thos. Thurst

(b) Address Deepwater Mo

19. (a) Sept 1, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deepwater Mo
(If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1943 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug 30 19 43
that I last saw her alive on August 30 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Thrombosis

Due to Smithville
Arkansas

Due to no

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? (Specify type of place) (e) Means of injury no

23. Signature G. E. Cornum (Date or other) no
Address Deepwater Mo Date signed 8-31-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

9-43-1013
10-7-73

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

Tom Hunt

Licensed Embalmer No. 2782

P. O. Address. Deepwater, 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.