

S. No. 2
M-2-43
5-17-3
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34517

State File No. _____

NOV 5 1943 / 13
Registration District No. _____

Primary Registration District No. 0430

Registrar's No. _____

1. PLACE OF DEATH:

(a) County FRANKLIN CENTRAL
(b) City or town RURAL FRANKLIN TWP.
(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 5 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN
(c) City or town ST. CHAIR MISSOURI
(d) Street No. ST. CHAIR MO.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME LEONARD EUGENE BREEDEN

3. (b) If veteran, name war NONE
3. (c) Social Security No. 499-07-0467

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased MAY 11, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 5 13 hr. min.

9. Birthplace VIENNA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business _____

12. Name WM. ELMER BREEDEN

13. Birthplace MARIES COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EDITH BURNS

15. Birthplace MARIES COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Adeline Osane

(b) Address Union Missouri

17. (a) Burial (b) Date thereof 10/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Missouri

18. (a) Signature of funeral director Benny W. Otto

(b) Address Union Mo.

19. (a) Oct. 25 1943 P. J. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION 9:15 AM

20. DATE OF DEATH: Month 10 day 24
year 1943 hour 9 minute 15 AM

21. I hereby certify that I attended the deceased from 6-1-43
1943 to 10-24-43 1943
that I last saw him alive on 10-24-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Empyema T.B

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature W. J. D... M. D. or other

Address St. Chair Mo. Date signed 10/24/43

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

MOTHER FATHER

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 Henry W. Otto
Licensed Embalmer No. 3560
P. O. Address Washington, 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.