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FILED MAR 3 1944
Registration District No. **3184**

Primary Registration District No. **5101**

1. PLACE OF DEATH:

(a) County BENTON
(b) City or town AVERY (RURAL) *Alexander*
(c) Name of hospital or institution: 1 *Twp*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON
(c) City or town AVERY (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 MIE N. EAST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT E LEE BRESHEARS

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY FRANCIS BRESHEARS 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MARCH 12-1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

MOTHER FATHER

11. Industry or business _____
12. Name JOHN A BRESHEARS
13. Birthplace UNKOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name NANCY JANE TIPTON
15. Birthplace UNKOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MARY F BRESHEARS
(b) Address AVERY, MISSOURI

17. (a) BURIAL (b) Date thereof 1-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CONCORD, CEMETRY

18. (a) Signature of funeral director GILBERT HATHAWAY
(b) Address WHEATLAND MO

19. (a) Feb 2-44 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 7
year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 3
1944 to Jan. 7, 1944.
that I last saw him alive on Jan. 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fever Duration 7 days

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy no

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? _____

While at work? _____ (Specify type of place) _____
(r) Means of injury fall

23. Signature J. M. Edwards (M. D. or other) _____
Address Class Timbers Date signed Jan 5, 44

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

RECEIVED

District Health Officer No. 7, ..

District File Number *2-44-190*

..... *3-2-44*

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.