

Registration District No. 377

Primary Registration District No. 4542

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rogersville
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rogersville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DONNIE RAC BREEDLOVE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White

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

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

7. Birth date of deceased: MAY 7 1939
(Month) (Day) (Year)

8. AGE: Years 4 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Lennie Breedlove

13. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maie Greene

15. Birthplace Greene Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Greene

(b) Address Rogersville Mo

17. (a) Burial (b) Date thereof Jan 7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holland Cem

18. (a) Signature of funeral director Talley - Fessell

(b) Address Rogersville

19. (a) 2-3-1944 (b) Susie O'Beuch
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1944 hour 9 minutes 20 p. M.

21. I hereby certify that I attended the deceased from 12/25, 1943, to 1/6, 1944,
that I last saw him alive on 1/6, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis Duration 24 hrs

Due to Bronchial pneumonia

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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

23. Signature J. E. Blinn (M. D. or other) D.O.
Address Holland, Mo Date signed 2/2/44

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

112

RECEIVED
District Health Officer No. 6,
District File Number 344-331
Date Filed MAR 15 1944

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.....
not emp......, 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 with the above constitutes grounds for revocation of license.)

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