

FILED JUN 5 1944

State File No. 18153Registration District No. 138Primary Registration District No. 5-29Registrar's No. # 5

1. PLACE OF DEATH:

(a) County Hickory
 (b) City or town Wheatland (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1. Wheatland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Jump
 (Specify whether
 In this community all of life
 years, months or days)

3. (a) PRINT FULL NAME Amanda A. Breshears

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

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jim Breshears
 6. (c) Age of husband or wife if alive 87 years
 7. Birth date of deceased Oct 26 1861
 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 26
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Hugh Patton

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Mother J. Walker

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Jim Breshears

(b) Address Wheatland, Mo

17. (a) Buried (b) Date thereof 3-24-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director Robert Bethaway

(b) Address Wheatland, Mo

19. (a) May 29 - 44 (b) May 7. Paulstrom
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory
 (c) City or town Wheatland (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
 year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 1935 to Mar-22, 1944
 that I last saw her alive on Mar-19, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis

Due to Arterial Sclerosis

Due to Arterial Sclerosis

Other conditions 97
 (Include pregnancy within 3 months of death)

Major findings: Of operations Arterial Sclerosis

Of autopsy Arterial Sclerosis

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

(a) Accident, suicide, or homicide (specify) Arterial Sclerosis

(b) Date of occurrence Mar-22-44

(c) Where did injury occur? Arterial Sclerosis
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Arterial Sclerosis

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

23. Signature A. S. Johnston (M. D. or other)

Address Wheatland Mo Date signed 3-29-44

JAN 7 5 1948

RECEIVED
District Health Officer No. 7
District File Number 5-44-689
Date Filed 6-3-44

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 *Chas. Gilbert Kethawa*
Licensed Embalmer No. *4267*
P. O. Address *Whitcomb, Pa.*

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.