

FILED DEC 11 1944

Registration District No. 157

Primary Registration District No. 5588

Registrar's No.

248

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcoxie Rural, Sarcoxie, Mo.
(c) Name of hospital or institution:
At home
(d) Length of stay: In hospital or institution.....
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarcoxie Rural
(d) Street No. rfd 1
(e) Citizen of foreign country? no
If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from
10-25- 1944 to 11-18- 1944
that I last saw her alive on 10-30- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of left lung
Due to.....
Ca of heart.

Duration

6 mo.
1 year.

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?.....
(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 [Signature] (M. D. number):*
Address [Address] Date signed 11-20-44

3. (a) PRINT FULL NAME

Lou Z. Breedlove

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, 3 divorced

6. (b) Name of husband or wife Arthur

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 14, 1898

8. AGE: Years 46 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Swansville Minnesota

10. Usual occupation housewife

11. Industry or business

12. Name Jonas Aleshire

13. Birthplace Benton Co. Arkansas

14. Maiden name Mollie Bowers

15. Birthplace Indiana

16. (a) Informant Mrs. Pauline Mulvaney

(b) Address Des Moines, Iowa

17. (a) Burial (b) Date thereof 11/22/44

(c) Place: burial or cremation Sarcoxie, Missouri

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Missouri

19. (a) 11/21/44 (b) Roland Engelage Address [Address] Date signed 11-20-44

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

49
0
0

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 Geo. B. Orr

Licensed Embalmer No. 946

P.O. Address W. T. Termon

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.