V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5500

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 2

1. PLACE OF DEATH

(a) County: Benton
(b) City or town: Warsaw Township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Benton 8
(c) City or town: Warsaw – 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Clara Breshears
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Arthur Breshears
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Dec (Month) 30 (Day), 1878 (Year)

8. AGE: Years 66 | Months 0 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Ripley Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: At home
FATHER
12. Name: E. H. C. Kinner
13. Birthplace: Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name: Matilda Miller
15. Birthplace: UNKNOWN (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Arthur Breshears
(b) Address: Warsaw Mo R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Grove
18. (a) Signature of funeral director: White - Reser
(b) Address: Warsaw, Mo
19. (a) 1/28/45 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan., 3, 1945, 19..., to Jan., 26, 1945, 19...; that I last saw her alive on Jan., 25, 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemmorhage (visceral)	minutes
Due to: Carcinoma of colon	one yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 4 days	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M.D. or other) DO
Address: Warsaw, Mo Date signed 1/27/45

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

Di[illegible] Health Officer No. 7,

Di[illegible] Number 2-45-185

Date Filed 3-12-45

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 Paul Richard Beaver

Licensed Embalmer No. 4324

P. O. Address Warsaw Ind

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.