S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6041

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 327 Rand St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington 36
(If outside city or town limits, write "RURAL") 6

(d) Street No. 327 Rand St. 8
(If rural, give location) 2

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME WILLIAM BREEDEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ida Breeden

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

7. Birth date of deceased Mar. (Month) 1 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	19	— hr. ..... min.

9. Birthplace Marris Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Aberham Breeden
13. Birthplace not known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Tom Breeden

(b) Address Washington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Otto & Son

(b) Address Washington Mo.

19. (a) 1-21-1945 (Date received local registrar) (b) Lucille R Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 20 day 19
year 45 hour 3 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 4, 45, 19..., to Jan 19, 1945; that I last saw him alive on Jan 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Prostate with metastasis to the liver.

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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 J. Poor M.D. (M. D. or other)

Address Washington Mo. 1/21/45 Date signed

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-1-45

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.....
.....[illegible], Registered Apprentice No.....,
working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2464

P. O. Address Washington Mo

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.