. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16445

Registration District No. 42 — Primary Registration District No. 5142 — Registrar's No. 154

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 3 miles N. of Naylor (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

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

(d) Street No. 3 miles N. of Naylor (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Lillian May Krebs

3. (b) If veteran, name war .....

3. (c) Social Security No. 564-07-5489

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Walter Krebs

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 9 (Month) 1893 (Day) (Year)

8. AGE: Years 51 | Months 8 | Days 17 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business .....

FATHER
12. Name Henry Breidenstein
13. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Elizbeth Berthold
15. Birthplace Scotland Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Walter Krebs

(b) Address Naylor, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/45 (Month) (Day) (Year)

(c) Place: burial or cremation Orange Ceme. Mt Vernon Mo

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 5/26/45 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1945 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Sept, 1944, to May 26, 1945, that I last saw her alive on May 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death carcinoma of uterus	
Due to	
Due to	
Other conditions none (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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H Eewhitt (M. D. or other) M.D.

Address Naylor Mo Date signed 5/26/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1950

JUN 22 1945

RECEIVED
District Health Office No. 2,
District File Number 645-826
Date Filed 6-12-45

AUG 5 1950

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor 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.