S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
•BUREAU OF THE CENSUS
FILED JUN 14 1945
Registration District No. 9

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5374

State File No. 16749

Registrar's No. 37

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Rural #1, Colfax (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Miles West Highway 36, Osborn (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether)
In this community 3 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Rural #1, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Breuninger
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nannie Breuninger
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased January (Month) 23 (Day) 1862 (Year)

8. AGE: Years 83 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Shuggian (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Jacob A. Breuninger
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Nannie Breuninger
(b) Address R.R.#1, Osborn, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri
19. (a) 5-25-45 (Date received local registrar) (b) John Clarke (Registrar's signature)

1378 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd. year 1945 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from ed., 1942, to May 23, 1945 that I last saw him alive on May 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 yrs
Due to Chronic Glomerulo Nephritis	5 yrs (?)
Due to	
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? (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 Dr. Harold Faubion (M. D. or other) M.D.
Address Maysville, Mo. Date signed 5-24-45

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.