No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33835
State File No.

FILED OCT 22 1945

Registration District No. 137 Primary Registration District No. 2023 Registrar's No. 144

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Hour (Specify whether
In this community One Hour years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry Cass 19
(c) City or town Clinton Garden City
(If outside city or town limits, write "RURAL")
(d) Street No. No
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charlene (Holland) Breed
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fe l | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. R. BREED.
6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased August (Month) 11 (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
27	1	4	hr. min.

9. Birthplace APPLETON CITY (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business

MOTHER
12. Name Chas. J. Holland.
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Jessie G. Ellis
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant J. R. Breed
(b) Address Garden City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director J. M. Kauffman
(b) Address Garden City, Missouri

19. (a) Sept 19-1945 (Date received local registrar) (b) R. H. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1945 hour 4 P. M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw [redacted] alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck
Caused by a Car accident
Causing Instant death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident 145
(b) Date of occurrence 9/15/45
(c) Where did injury occur? Clinton Henry Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place in public place? 6 mi Northwest of Clinton Mo. Hi-way 71 (Specify type of place)
While at work? No (e) Means of injury Car

23. Signature Dr. R. S. Hallquist Coroner
Address Clinton Mo Date signed 9/15/45

1452

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Officer No. 7,
9-45-1030
Registered 10-19-45

JUL 27 1946

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 J M Kaufman

Licensed Embalmer No. 1030

P. O. Address Garden City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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

Form No. 2B
Rev. 3-3-45
[illegible] X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 246

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charlene H. Breed
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 11 1918 (Month) (Day) (Year)
8. AGE: Years 27 Months 1 Days 4 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 15 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death. As stated in previous
Due to report deceased lost control
Due to of car and it turned over
Other conditions pinning her beneath car
(Include pregnancy within 3 months of death) breaking her neck
Major findings:
Of operations On Hi 35.6 mi west of
Of autopsy Clinton Mo
Duration
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) Accident
(b) Date of occurrence Sept 15, 1945
(c) Where did injury occur? Clinton Henry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Hi 35.6 mi west of Clinton Mo (Specify type of place)
While at work? No (e) Means of injury Car
23. Signature Dr. R. E. Hollingsworth Coroner
Address Clinton Mo. Date signed 10/24/45

33835