

Registration District No. 145

Primary Registration District No. 5566

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Belleview
(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 Missouri (b) County Iron 47

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

(d) Street No. 2 1/2 miles west of Belleview
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Alfred Breitenstein

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 single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** alive _____ years

7. Birth date of deceased. August 4 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>17</u>	hr. _____ min.

9. Birthplace. Belleview Missouri 11
(City, town, or county) (State or foreign country)

10. Usual occupation. farmer

11. Industry or business. _____

MOTHER FATHER

12. Name. Joseph Breitenstein

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name. Catherine Sheridan

15. Birthplace. Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant. John Breitenstein

(b) Address. Belleview Mo.

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof.** 1-2-46
(Month) (Day) (Year)

(c) Place: burial or cremation. Belleview Missouri

18. (a) Signature of funeral director. Norman White & Sons

(b) Address. Ac. White Ironton Mo.

19. (a) Jan 05 1946 (Date received local registrar) **(b) Mrs Elizabeth Logan** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1945 hour 2 minute 30 PM.

21. I hereby certify that I attended the deceased from 12-26-45, 19____, to 12-31-45, 19____;
that I last saw him alive on 12-26-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: acute bilateral bronchial pneumonia

Due to Influenza 5 " 2 days

Due to Pleurisy 5 " 5 "

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____ 338

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? _____

While at work Yes (Specify type of place) **(c) Means of injury** m.d.

23. Signature P. E. Harland (M. D. or other)

Address Ironton, Missouri Date signed 1-2-46

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

100214

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..... *Annel J White*

Licensed Embalmer No. *2012*

P. O. Address *Boston, 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.