

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
802 East Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 63 years (Specify whether years, months or days)
In this community 63 years

3. (a) PRINT FULL NAME Lucy Ann Breece

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Calvin W. Breece
6. (c) Age of husband or wife if alive, years 23 1859 (Year)
7. Birth date of deceased: January (Month) 23 (Day) 1859 (Year)

8. AGE: Years 87 Months _____ Days 18 If less than one day hr. _____ min. _____

9. Birthplace Cass County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Anthony Owsley
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Earl Breece
(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri
Huston-Turner

18. (a) Signature of funeral director _____
(b) Address Windsor, Mo.

19. (a) 2-14-46 (Date received local registrar) (b) R. R. Kennedy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 802 E. Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1946 hour 10:50 p m. minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan. 15 1946 to Feb. 11 1946
that I last saw her alive on Feb. 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 27 days
Due to arterial sclerosis 6 yrs.

Due to _____

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

Major findings: Of operations none
Of autopsy none
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. A. Blackmore (M. D. or other) M.D.
Address Windsor, Mo. Date signed 2-13-46

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

4380

2
2
0

120

PROPERTY

Officer No. 7;

2-46-228

3-11-46

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 *E. M. [Signature]*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.