

**FILED** MAR 8 1948

Registration District No. **24**

Primary Registration District No. **4395**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Ozark**  
(b) City or town **Steinerville, Lainesville, Mo**  
(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 **Life time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ozark**  
(c) City or town **Lainesville**  
(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 **Margaret Ann Breeding**

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

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **7th** **23** **1867**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Waukegan, Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **L. W. Webster**  
13. Birthplace **Indiana** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Webster**  
15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **B. F. Breeding**

(b) Address **Steinerville, Mo**

17. (a) **Burial** (b) Date thereof **1-23-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Center Point Cemetery**

18. (a) Signature of funeral director **Roller Funeral Home**

(b) Address **Steinerville, Missouri**

19. (a) **1-23-46** (b) **Adwin Hall**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **22**  
year **1946** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **January**  
\_\_\_\_\_ 1946, to **January 22** 1946  
that I last saw her alive on **Jan 20** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Colov** Duration **5 yr**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **462**

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **M. J. Sherman** (M. D. or other) **DD**  
Address **Steinerville, Mo** Date signed **1/22/46**

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

RECEIVED  
District Health Officer No. 67  
District File Number 246-181  
Date Filed FEB 20 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 Laurance L. Hall  
Licensed Embalmer No. 2784  
P. O. Address Yaineville, Va.

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.