

STANDARD CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1016 S. Market St.  
(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)

3. (a) PRINT FULL NAME AMELIA BREESE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm. R. Breese 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased May 10, 1863  
(Month) (Day) (Year)

8. AGE: Years 22 Months 9 Days 23 If less than one day  
hr. min.

9. Birthplace Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Blank Sheppard  
13. Birthplace Blank Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Blank Unknown  
15. Birthplace Blank Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Ellis  
(b) Address 1016 S. Market St. SPED. MO

17. (a) Burial (b) Date thereof Mar. 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 3-5-46 (b) Wm. R. Haudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1016 S. Market  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-3-1946 to 3-3-1946  
that I last saw him alive on 3-3-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to High Blood Pressure

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

PHYSICIAN  
Major findings: Infarct  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 ✓

23. Signature W. Ellis (M. D. or other) ✓  
Address Springfield, Mo. Date signed 2-4-46

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

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**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 Roy A. Cairns  
Licensed Embalmer No. 1763  
P. O. Address Springfield, 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.**

x