

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED JUN 20 1948

State File No. _____

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community _____ years, months or days) 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Smithville
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Thomas R. Breckenridge

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 10:30 minute _____ A. _____ M. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Sept. 14, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2, 1946, to June 3, 1946.
I last saw him alive on June 3, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

59	8	20	
			hr. min.

Immediate cause of death Tuberculosis, pulmonary, chronic far advanced, active
Duration _____

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

Due to _____

Due to _____

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

10. Usual occupation Unemployed

Major findings: 3/2
Of operations _____

11. Industry or business _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Jeff Breckenridge

Of autopsy No autopsy performed

13. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Russell

15. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

17. (a) Removal of removal (b) Date thereof 6-3-46
(Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Smithville, Mo.

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director S. H. McComas

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address McCORMAS FUNERAL HOME, Smithville, Missouri

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 6/3/46 (b) Caroline Rutherford
(Date received local registrar) (Registrar's signature)

23. Signature Ernest M. Tapp (M. D. or other) M. D.

Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 6-3-46

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

RECEIVED

Health Officer No. 8

District File Number

to Filed 6-15-41

APR 20 1950

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 S. A. McComas,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.