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7-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26440

State File No.

FILED AUG 27 1946

Registration District No. 46

Primary Registration District No. 4066

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Kingston
(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 Caldwell / 3
(c) City or town Kingston 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Richard Breuer

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

4. Sex Male 0 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 41 1/2 years

7. Birth date of deceased March 21 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Richard William Breuer

13. Birthplace West Bay Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Susan Coffman

15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Bethel

(b) Address Kingston, Missouri.

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

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri.

19. (a) Aug 8/46 (b) Gladys Jones
(Date received legal registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1946 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from September 10th, 1945, to July 26, 1946
that I last saw him alive on July 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation

Due to Dental Infection

Due to Chronic Nephritis

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature W. S. Shouse (M. D. or other) _____
Address Kingston, Missouri Date signed 8-27-46

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

MOTHER FATHER

25280

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Cameron Clark
Licensed Embalmer No. 3257
P. O. Address Hixton 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.