S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29791

FILED OCT 14 1946

Registration District No. 57 Primary Registration District No. 4081 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Carroll Co

(b) City or town Bosworth 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17

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

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Robert A. Breeze

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of ~~husband~~ or wife Marian L Breeze

6. (c) Age of ~~husband~~ or wife if alive 73 years

7. Birth date of deceased Jan (Month) 19 (Day) 1872 (Year)

8. AGE: Years 74 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Robert A. Breeze
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Martha Paterson
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Marian L Breeze

(b) Address Bosworth, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Wharton Cemetery

18. (a) Signature of funeral director David J Edwards

(b) Address Bosworth Mo

19. (a) Oct. 1-1946 (Date received local registrar) (b) Pearl Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1943, 19~~46~~ to Sept 30, 1946 that I last saw him alive on Sept 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93E

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)

Address Bosworth Mo Date signed Oct 1/46

47 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-12-46

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 David J. Edwards

Licensed Embalmer No. 32631

P. O. Address Bosworth 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.