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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 26 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40407**  
Registrar's No. **11**

Registration District No. **141**  
Primary Registration District No. **5551**

1. PLACE OF DEATH:  
(a) County **Newell**  
(b) City or town **West Plains** **RFA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 hrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Newell**  
(c) City or town **RFA**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Marion W. Breetenridge**  
(b) If veteran, name war **✓** (c) Social Security No. \_\_\_\_\_  
4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if live \_\_\_\_\_ years  
7. Birth date of deceased **10/12-56**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **10** day **12**  
year **46** hour **9:00** minute **P.M.**  
21. I hereby certify that I attended the deceased from **10/12/46** 19\_\_\_\_ to **10/12/46** 19\_\_\_\_  
that I last saw him alive on **10/12/46** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. **12 hrs** min. \_\_\_\_\_  
9. Birthplace **West Plains MO**  
(City, town, or county) (State or foreign country)

Immediate cause of death **Premature Birth** **12 hrs.**  
Due to **Maternal Electric Shock - short in wiring**  
Due to **also fall (maternal)**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
12. Name **Gas. Breetenridge**  
13. Birthplace **MO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Gerlean Rhoads**  
15. Birthplace **Kilbuck, Ks.**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. O.E. Rhoads**  
(b) Address **West Plains, MO**  
17. (a) **13** (b) Date thereof **10/16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Obit**  
18. (a) Signature of funeral director **Robertson**  
(b) Address **West Plains, MO**  
19. (a) **Dec 20/46** (b) **Beatrice Cook**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **Virgil D. Bailey** (M. D. or other) **DO**  
Address **Box 191 West Plains, Mo** Date signed **10/24/46**

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

RECEIVED

District Health Officer No. 5,

District File Number 1246688

Date Filed 12-24-46

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.....

*S. L. Duncan*, Registered Apprentice No. 390

working under my personal supervision.

Signed *V. D. Robertson*

Licensed Embalmer No. 3435

P. O. Address *West Hill, N.Y.*

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.