

FILED JAN 22 1947
Registration District No. 128

Primary Registration District No. 2000

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

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:
625 East Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Since 1861 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 625 East Monroe
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARA ANN ELIZA BREAZEALE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William V. Breazeale

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

7. Birth date of deceased March 22, 1861
(Month) (Day) (Year)

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

85 9 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Fielden

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

14. Maiden name Susan Weaver

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

16. (a) Informant Jeff Breazeale (son)

(b) Address 625 E. Monroe

17. (a) Burial (b) Date thereof 1/12/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address Springfield, Missouri

19. (a) 1-11-47 (b) W. S. Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1947 hour 8:20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from December 24, 1946 to January 10, 1947;
that I last saw her alive on January 10, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 weeks

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 107

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 D

23. Signature Pennington C. Coffey (M. D. or other) _____
Address Springfield, MO Date signed 1-11-47

Coffelt
Holland Bl

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 C. A. Roof

Licensed Embalmer No. 3140

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.