

FILED MAR 12 1947

Primary Registration District No. **4107**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Conservation Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME **Martha E. Breeding**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, **Widowed**
6. (b) Name of husband or wife **W.S. Breeding** 6. (c) Age of husband or wife if alive **1** years
7. Birth date of deceased **November 1 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **21** If less than one day hr. min.

9. Birthplace **Rockville Ind**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Merritt A. Breeding**
(b) Address **Secumash Kansas**
17. (a) **Burial** (b) Date thereof **Feb 25 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centerville Amherst**
18. (a) Signature of funeral director **Living - Carother**
(b) Address **El Dorado Springs Mo.**
19. (a) **2/23/47** (b) **J.C. Breeding**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cedar 22**
(c) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22**
year **1947** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 19 1946** to **Feb. 19 1947**
that I last saw her alive on **Feb. 19 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) **ABD**

Major findings: Of operations
Of autopsy
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) (b) Means of injury
23. Signature **J.C. Breeding** (b) Address **El Dorado Springs Mo.** Date signed **2-25-47**

RECEIVED
District Health Officer No. 71
District File Number 9-47-234
Date Filed 3-11-47

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.....

Licensed Embalmer No. 4419

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.