

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9945

State File No.

Registration District No. 207

Primary Registration District No. 5754

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Kichy - Rural
(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 Life
years, months or days)

3. (a) PRINT FULL NAME Jessie Breakshire
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex mo 5. Color or race wh 6. (a) Single, widowed, married
divorced married
(b) Name of husband or wife Jessie Breakshire '6. (c) Age of husband or wife if
alive years
7. Birth date of deceased May 20 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 15 hr. min.

9. Birthplace Cheltenham mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Allen Breakshire

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

14. Maiden name William Anthony

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

16. (a) Informant Mrs. Jessie Breakshire

(b) Address Kichy mo

17. (a) Burial (b) Date thereof 3-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bearlough farm

18. (a) Signature of funeral director Will Evans S. H.

(b) Address Kichy mo

19. (a) 3-7-47 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Marion
(c) City or town Kichy
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1947 hour 4 minute PM M.

21. I hereby certify that I attended the deceased from Jenn
1 1947 to March 5 1947
that I last saw him alive on March 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death diabetes mellitus Duration 5-7

Due to

Due to

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

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) (e) Means of injury

23. Signature Will Evans S. H. (M. D. or other)

Address St James mo Date signed 3/5/47

RECEIVED
District Health Officer, No. 9,
District File Number
Date Filed 3/20/42

JUN 21 1953

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

Paul E. V. Juel, Registered Apprentice No. 428
working under my personal supervision.

Signed S. E. V. Juel

Licensed Embalmer No. 3397

P. O. Address Rolla 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.