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X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 8 1948

Registration District No. 138

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DELAYED

Primary Registration District No. 5529

44824

State File No. \_\_\_\_\_

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Avery (Wheatland)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 9  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community All of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eliza Ellen Breshears

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25  
year 1947 hour 2 minute P M.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife W. W. Breshears

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 6 - 28 - 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1947 to Dec 25 1947  
that I last saw her alive on Dec 21 1947  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death

acute heart failure

Due to chronic myocarditis

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy M 39

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry C Butler

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

14. Maiden name MARtha SKINNER

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

16. (a) Informant W. W. Breshears

(b) Address Avery, Mo

17. (a) Burial (b) Date thereof 12-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avery Cemetery

18. (a) Signature of funeral director Robert Hathaway

(b) Address Wheatland, Mo

19. (a) Sept 2-48 (b) W. P. Hargiss  
(Date received local registrar) (Registrar's signature)

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 D. C. Moberg (M. D. or other) \_\_\_\_\_

Address Bolivar, Mo. Date signed 1-14-48

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

RECEIVED

District Health Officer No. 71

District File Number 8-48-1026

Date Filed 9-27-48

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, W.

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.