

No. 2
T-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7653**

FILED FEB 19 1948

Registration District No. **376**

Primary Registration District No. **4560**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: Dr. L. T. VanNoy hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Harvy Hamelton Breckner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ella P. Breckner

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 4 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>1</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name August Breckner

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

14. Maiden name Laura Bell Hamelton

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

16. (a) Informant Mrs Ella Breckner

(b) Address Deary No. 214 Street # 2

17. (a) Burial (b) Date thereof 2-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Home Cemetery

18. (a) Signature of funeral director Thomas A. Dauldin

(b) Address Box 136, Norwood, Mo.

19. (a) 2-13-48 (b) Mrs. A. P. Warshaw
(Date received local registrar) (Registrar's signature)

3471 Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas **34**

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

(d) Street No. Star Rt. No. 2, Drury, Mo.
(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 5
year 1948 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb 5 1948 to Feb 5 1948
that I last saw him alive on Feb 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart failure
Due to Heart failure by arter

Due to Valves lesion of heart

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

Major findings:
Of operations _____
Of autopsy in

Duration _____

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 A

23. Signature L. P. Warshaw (M. D. or other) _____
Address 214 Street # 2 Date signed 2/17

Deceased Embalmer's Statement on Reverse Side

1948

V. S.
1900
R.

RECEIVED
District Health Officer No. 6,
District File Number 248-250
Date Filed FEB 18 1948

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, XXXX
....., Registered Apprentice No.
working under my personal supervision.

Signed Thomas J. Pauldin
..... Licensed Embalmer No. 4317
..... P. O. Address Box 136, Norwood, 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.