

FILED JUL 1 1948

Registration District No. 138

Primary Registration District No. 5529

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Avery
(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 All of wife years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43
(c) City or town Wheatland (Avery) 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME William Jasper Breshears

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Martha Ann Breshears 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 11-6-1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henry Thomas Breshears

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

14. Maiden name SABRINS MURRAY

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

16. (a) Informant MARtha ANN. Breshears

(b) Address Avery, Mo

17. (a) Burial (b) Date thereof 4-25-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Branch Cemetery

18. (a) Signature of funeral director Edith Hathaway

(b) Address Wheatland, Mo

19. (a) June 22, 1948 (b) H. P. Harjani (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 19 April 1948 to 22 April 1948; that I last saw h.i.m. alive on 21 April 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC AND RESPIRATORY FAILURE Duration 0-3 Hrs.

Due to Cerebro-Vascular Accident 3 days

Probably Hemorrhage

Due to ARTERIOSCLEROSIS, CEREBRAL UNKNOWN

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Not Applicable

(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 David Hyde Elmer (M. D. or other)

Address Warsaw, Mo Date signed 26 April 48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-4P-706

Date Filed 6-29-78

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.....

Forest B. Abernathy....., Registered Apprentice No. 419
working under my personal supervision.

Signed Chas. Gilbert Hathaway.....

Licensed Embalmer No. 4267

P. O. Address Whitland, Md

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.