

10-47
17-39
3906

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36107

FILED DEC 2 1948
Registration District No. 1948

Primary Registration District No. 41825425

Registrar's No. 1-3

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

1. PLACE OF DEATH:

(a) County: FRANKLIN

(b) City or town: NEW HAVEN MORRIS

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: HEINRICH BRECKENKAMP

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife:

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

7. Birth date of deceased: APRIL 4 1963 (Month) (Day) (Year)

8. AGE: Years 85, Months 7, Days 22, If less than one day hr. min.

9. Birthplace: New Haven MO (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

MOTHER FATHER

11. Industry or business:

12. Name: Henry Breckenkamp

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

14. Maiden name: Maria Kappelmann

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

16. (a) Informant: Otto H. Breckenkamp

(b) Address: New Haven MO

17. (a) Burial (burial, cremation, or removal)

(b) Date thereof: 11/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation: New Haven MO

18. (a) Signature of funeral director: J. C. Gentry & Son

(b) Address: New Haven MO

19. (a) Nov 27 1948 (Date received local registrar)

(b) J. C. Gentry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 36

(c) City or town: New Haven MO Rural 3

(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 NOV day 26 th year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 9th 1948 to Nov 25th 1948 that I last saw him alive on Nov 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Hypertension arteriosclerosis?

Due to:

Other conditions: Carcinoma of prostate gland 2 years (Include pregnancy within 3 months of death)

Major findings: Hemiparesis

Of operations: no operation

Of autopsy: no autopsy 518

Duration: Medium severity

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: 0

23. Signature: B. P. Gissinmann (M. D. or other)

Address: New Haven MO Date signed 11/27/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 30 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, or by.....

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

Signed *Earl Berkey*
Licensed Embalmer No. *33875*
P. O. Address *New Haven*

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.