DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40613

DEC 10 1939

Registration District No. 735

Primary Registration District No. 3-034 5440

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Randolph

(b) ~~City or~~ township Sugar Creek "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) If foreign born, how long in U. S. A.? 68 years.

3. (a) PRINT FULL NAME Jacob J. Breusch 620

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 Lucy Ellen Breusch

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

7. Birth date of deceased Sept. (Month) 9th (Day) 1863 (Year)

8. AGE: Years 76 Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Farmer 6

11. Industry or business _____ 6

FATHER
12. Name Wilhelm Breusch
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Agnes Handy
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Fred S. Breusch
(b) Address RFD Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3rd 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Mohan and Son
(b) Address Moberly, Mo

19. (a) Nov. 3rd 1939 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st year 1939 hour 4. minute 35 a.m.

21. I hereby certify that I attended the deceased from Oct-19-1939, 19__, to Oct-31-, 1939 that I last saw him alive on Oct-31, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 yrs.
Due to Rheumatism	
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 Gustav Jaeger (M.D. or other) D.C.
Address Moberly Mo Date signed 11-3-1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

925 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar Officer No. 10
District File Number 12-39-1213
Date Filed DEC 12 1939

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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.