

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.

JAN 15 1940

Registration District No. 13

Primary Registration District No. 5016

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural nodaway
(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 _____)

In this community 80 yrs
years, months or days (Specify whether _____)

8. (a) PRINT FULL NAME MAY Alice Breit

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife John Edd Breit 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 31 1869
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name William Baker

13. Birthplace unknown Ind
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Oliver

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

16. (a) Informant's own signature Elmer Breit

(b) Address Savannah mo

17. (a) Burial (b) Date thereof 12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo 970

19. (a) Jan. 2-39 (b) Mrs. Jennie Pash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 1 mi South of Savannah
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1939 hour 7 minute 59 A.M.

21. I hereby certify that I attended the deceased from December 1939
1939 to Dec 30, 1939;

that I last saw her alive on Dec 28, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Hypostatic Pneumonia Duration 10 days

Due to Generalized arterio-sclerosis, Hypertension 12 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____

Of autopsy _____

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 Lilbert E. Kelley M.D. Date signed 12/31/39

Address Savannah Mo

RECEIVED

District Health Officer No. 11;

District File No. 40-1886

Date Filed JAN 12 1940

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

Signed E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Sacramento

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, above space should be left blank.