

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.

Registration District No. 189

Primary Registration District No. 5262 5275

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Clark County, AR
(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 entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
(c) City or town near Gregory Ldg R R 1
(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. _____ years.

3. (a) PRINT FULL NAME Joseph Harvey Breeden 635

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

7. Birth date of deceased August 13 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harrison Breeden

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

14. Maiden name Alice Stout

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

16. (a) Informant's own signature Mrs. Lula Breeden

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 12/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Springs

18. (a) Signature of funeral director Calvin H. Buckley

(b) Address Canton, Mo.

19. (a) Dec 22 (b) Dr. F. A. S. Rabe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1939 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from July 22, 1939, to Dec 20, 1939
that I last saw him alive on Dec 19, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Thrombosis
Duration 4 weeks
Due to Coronary Occlusion July 22
39

Due to _____
Other conditions (include pregnancy within 3 months of death) 94 lb

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 3
23. Signature S. J. Holland (M. D. or other) MD
Address Canton, Mo. Date signed 12/24/39

RECEIVED

District Health Officer No. 10

District File Number 1-40-183

Date Filed JAN 13 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.....

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

Signed, *Earl W. Buckley*

Licensed Embalmer No. 2615

P. O. Address Canton, 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, above space should be left blank.