

No. 2
-11-10-39
-5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14975

State File No. _____

FILED MAY 15 1940 328

Registration District No. _____

Primary Registration District No. 5462

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grover

(b) City or town SPICOPARK RFD #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lincoln Sup 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 59 years
years, months or days

3. (a) PRINT FULL NAME BENJAMIN BREIGLE

8. (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 Phyllis Breigel

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 5, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Valentine Breigel

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

14. Maiden name Alsbarger

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

16. (a) Informant Mrs. Ben Breigel

(b) Address Spicopark, RFD #1

17. (a) Burial (b) Date thereof March 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southview Cemetery, Spandy Co Mo.

18. (a) Signature of funeral director Raymond A. Deans

(b) Address Leuths Ave.

19. (a) 3-10-40 (b) Gene Deans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9th
year 1940 hour 2:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 1st
1940, to March 9th 1940;
that I last saw him alive on March 9th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Duration 1 year?

Due to _____

Due to 4/6

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? _____

300 (Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature Gene Deans (M. D. or other) M.D.

Address Leuths Ave. Spandy Mo Date signed March 11 1940

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

1940

RECEIVED

District Health Officer No. 11;

District File Number

Date Filed

540-925

MAY 9 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

Robert B. Harris

Registered Apprentice No. *212*

working under my personal supervision.

Signed

Raymond A. Harris

Licensed Embalmer No. *3424*

P. O. Address *Stent Ave*

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.