No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1941

Registration District No. 8 15

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29638

State File No.

Primary Registration District No. 6162

Registrar's No. 240

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Town Ship (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 yrs, 8 mos, 7 dys (Specify whether In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster

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

(d) Street No. Nat Known (If rural, give location)

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

3. (a) PRINT FULL NAME FRED AUGUSTUS BRESEE

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Eva Bresee

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

7. Birth date of deceased Jan (Month) 4th (Day) 1862 (Year)

8. AGE: Years 79 Months 7 Days 2 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Iowa (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Augustus Bresee
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rebecca Holman
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 7 (Day) 41 (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director Lex Lamy

(b) Address Marshfield Mo

19. (a) 8-6-41 (Date received local registrar) (b) Allen V Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1941 5 hour 15 minute A. M.

21. I hereby certify that I attended the deceased from August 24th, 1939, to August 6th, 1941; that I last saw him alive on August 6th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis

Due to

Due to

Other conditions Ch. Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162A

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. S. Warwick (M. D. ~~or other~~)

Address State Hospital Nevada, Mo Date signed 8/6/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File number 9-41-1595
Date Filed 9-4-41

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 Lex Lamey

Licensed Embalmer No. 3312

P. O. Address Marshfield

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

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