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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34476

Registration District No. 94

Primary Registration District No. 5140

Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell.
(b) City or town (Rural) Breckenridge.
(If outside city or town limits, write "RURAL" and name of township)
(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 One hour
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Caldwell.
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Breckenridge, Township.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Unnamed.

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 single

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

7. Birth date of deceased October 29th 41
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day One hr. min.

9. Birthplace Breckenridge, Township.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Nathan Raymond Eveland

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

14. Maiden name Marie Grabill

15. Birthplace Harrison County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Raymond Eveland

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director A. R. Thelley
(b) Address Breckenridge, Mo

19. (a) NOV 2 1941 (b) A. R. Thelley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29th
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 29th, 1941, to Oct 29, 1941;

that I last saw him alive on Oct 29th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to hard work of mother

Due to _____

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

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 A. R. Thelley (M. D. or other) _____

Address Breckenridge, Mo Date signed Nov 2 1941

10 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 ^{not} anyone

Registered Apprentice No. _____

working under my personal supervision.

6 Months Sealator

Signed Nathan Eucland (Father)

Licensed Embalmer No. _____

P. O. Address Breconridge, Va.

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, fact should be so stated above.