

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

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 78

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Smithville Mo. R.F. 00
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert Lee Breckenridge

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 42 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from June 1941 to July 30 1942;
that I last saw him alive on July 29 1942;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Vennek Breckenridge 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: 3 (Month) 3 (Day) 1864 (Year)

Immediate cause of death Carcinoma of jaw

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 452

8. AGE: Years 78 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business.....

12. Name Silas E Breckenridge

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

14. Maiden name Nancy Smith

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

16. (a) Informant Ferry Breckenridge

(b) Address Smithville Mo

17. (a) burial (b) Date thereof 7-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cem

18. (a) Signature of funeral director S. A. McComas

(b) Address Smithville

19. (a) Aug 3-1942 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

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 W. J. Pelman (M. D. or other)

Address Smithville Mo Date signed 7-31-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-11-42

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 S. R. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville

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.