

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33355

State File No. _____

NOV 13 1942

Registration District No. _____

Primary Registration District No. 405-64060

Registrar's No. 36

13
0
0

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

1. PLACE OF DEATH:
(a) County CALDWELL
(b) City or town BRECKENRIDGE
(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 75 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13
(a) State MISSOURI (b) County CALDWELL
(c) City or town BRECKENRIDGE 0
(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.? 0 years.

3. (a) PRINT FULL NAME ELISE MARA O'REAR
(b) If veteran, name war: NO
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 10
year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 11 - 1941
Oct 10 1942 to Oct 10 1942
that I last saw her alive on Oct 10 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, WIDOW
6. (b) Name of husband or wife Edward J. O'Rear
6. (c) Age of husband or wife if alive years 1859
7. Birth date of deceased JAN 6 1859 (Month) (Day) (Year)

Immediate cause of death: Cardiac Emboli
Duration 5 min.

8. AGE: Years 83 Months 9 Days 4
If less than one day hr. min.

Due to Bronchiectasis 15 years

9. Birthplace Livingston MO (City, town, or county) (State or foreign country)

Due to _____
Other conditions Anemia 94a (Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business Seamstress

12. Name Jessie Dewey

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

14. Maiden name Amanda Mann

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

16. (a) Informant Louise O'Rear
(b) Address Breckenridge, Mo

17. (a) Burial (b) Date thereof Oct 16 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director T. McRees
(b) Address Breckenridge MO
19. (a) Oct 24 - 1942 (b) E. A. Thompson (Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 _____
23. Signature E. A. Thompson, M.D. (M. D. or other)
Address Breckenridge Date signed Oct 10 - 42

1151

(Licensed Embalmer's Statement on Reverse Side)

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.....

T. F. McBeck

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

T. F. McBeck

Licensed Embalmer No.....

1570

P. O. Address.....

Breckinridge 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, fact should be so stated above.