

Registration District No. **360**

Primary Registration District No. **6224**

Registrar's No. **190**

1. PLACE OF DEATH:

(a) County **Vernon**  
(b) City or town **Nevada, Mo Rural**  
(c) Name of hospital or institution: **Rural Route # 1, 1 mi**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **2 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**  
(c) City or town **Nevada, Mo Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **Rural # 1** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**MARTHA ELLEN BRESHEAR**

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

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

4. Sex **F**

5. Color or race **W**

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

6. (b) Name of husband or wife **Tony Brecheer**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Sept 29 1871**  
(Month) (Day) (Year)

8. AGE: **73** Years **3** Months **0** Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Loeud Co Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business

12. Name **John Brunsigh**  
13. Birthplace **Nevada, Mo**  
14. Maiden name **Nancy Sharp**  
15. Birthplace **Hot Springs**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Tony Calvin Brecheer**

(b) Address **R.R. 1 Nevada Mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12-31-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **partlesville, Oklahoma**

18. (a) Signature of funeral director **Ferry Funeral Home**

(b) Address **Nevada, Missouri**

19. (a) **Dec. 31, 1942** (Date received local registrar) (b) **Elizabeth Brecheer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31** year **1942** hour **3** - **10** - M.

21. I hereby certify that I attended the deceased from **Nov. 4** 19**42** to **Dec 31** 19**42** that I last saw her alive on **Dec 31** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Oedema of lungs.**  
**Asthma.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **111C**

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 **J. R. Rove** M. D. (M. D. or other) Address **Nevada, Mo** Date signed **12/31/42**

Duration

**2.5m**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

08  
00  
0

MOTHER FATHER

1231

RECEIVED

District Health Officer No. 7

District File Number 12-42-1489

Date Filed 1-15-43

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 me

Registered Apprentice No. 1760

working under my personal supervision.

Signed

L B Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.