

FILED JUL 2 1943

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barnes
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community over 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barnes 5
(c) City or town Monett (If outside city or town limits, write "RURAL") 2
(d) Street No. 300 - 7th Ave (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country L O

3. (a) PRINT FULL NAME William Breining

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single - widowed, married, divorced, widower

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

7. Birth date of deceased March 14 1863 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Retired Carpenter

12. Name not known

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

14. Maiden name not known

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Mary Davis

(b) Address Monett, Mo

17. (a) Burial (Burial, cremation, or exposure) (b) Date thereof May-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Disposal Co

18. (a) Signature of funeral director C. H. Blankenship

(b) Address Monett - Mo

19. (a) May 19 1943 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Sept 19 1942 to May 18 1943 that I last saw him alive on May 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Duration _____

Due to Chronic Paracoccidial Hepatitis, Arterio Sclerosis, Hypertension

Other conditions (Include pregnancy within 5 months of death) 1318

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN 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 L. Ferguson (M. D. or other) M.D. Address Monett, Mo Date signed 5-19-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 640-786

Date Filed JUN 23 1943

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 R. H. Blawie
Licensed Embalmer No. 2397
P. O. Address Monett, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20740
Registrar's No. 24

Registration District No. 13 Primary Registration District No. 3003

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Maneet
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME W M Greening

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Mar 14 1906
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 1 Unless than one day _____ min.

9. Birthplace Not known
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Audna Wilboughdy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____ (M. D. or other) _____
Address _____ Date signed _____

