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v. 3-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5083

Registration District No. FILED MAR 3 1945 149

Primary Registration District No. 1002

Registrar's No. 768

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital ~~or institution~~: OSTEOPATHIC HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 4-DAYS (Specify whether
In this community 5-DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town FAIRFIELD - RURAL 48
(If outside city or town limits, write "RURAL")

(d) Street No. NO R.R. #
(If rural, give location)

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

If yes, name country ------ 1

3. (a) PRINT FULL NAME MRS. IVY CHRISTIAN HARRIS BRESHEARS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ MR. RALPH BRESHEARS

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased FEBRUARY 10 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	0	6	hr. min.

9. Birthplace BENTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business -----

FATHER
12. Name JOHNNIE HARRIS
13. Birthplace WISDOM MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY SMALLWOOD
15. Birthplace WISDOM MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. RALPH BRESHEARS

(b) Address FAIRFIELD, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 19 1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ SHILOH CEMETERY BENTON COUNTY MO.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-16-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 16TH year 1945 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 13, 1945 to Feb 16, 1945 that I last saw her alive on Feb 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death N.M.O.: Acute Myocarditis 4 or 5 days

Due to General Abdominal Peritonitis

Due to Bilateral Pyosalpingitis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Abdomen Full of Pus - Peritonitis

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be stated.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. J. Graham (M.D. or other) DO

Address 811 Chamber Bldg. Date signed 2-16-45

(Licensed Embalmer's Statement on Reverse Side)

Chambers Bros Lakeside Hosp

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.