

FILED MAR 13 1945

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 48

1. PLACE OF DEATH:

(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEYERING HOSPT.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MI. N. OF SANTA FE, MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THRESA BURL BRESHEARS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RICHARD BRESHEARS 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased MAR. 8, 1918
(Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business EUGENE DARNELL

12. Name A MONROE CO., MO.

13. Birthplace ANNA JIM SPARKS
(City, town, or county) (State or foreign country)

14. Maiden name MONROE CO., MO.

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

16. (a) Informant Eugene Darnell

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof FEB. 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey

(b) Address Paris, Missouri.

19. (a) 2-15-45 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
year 1945 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 6 45 to Feb 11 45
that I last saw her alive on Feb 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Due to Salpingo-ophorctomy & appendectomy
Due to 1392

Other conditions Chronic Salpingitis
(Include pregnancy within 3 months of death)
oophorctomy appendectomy

Major findings: with many very firm adhesions - probably due to streptococcal infection
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 W. J. Conner (M. D. or other) _____
Address HANNIBAL, MO. Date signed Feb 14 45

Duration

20 1/2
9 1/2
Feb 6

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
3
4

1174

APR 22 1946

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.....

Dixon L. Kelsey

Licensed Embalmer No.

4225

P. O. Address.....

Paris, MISSOURI.

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.