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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 25 1947

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
408 W Franklin St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 32 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 W Franklin St  
(If usual, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME Jefferson Davis Breckenridge

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Minnie Estella Breckenridge 6. (c) Age of husband or wife if alive. 78 years

7. Birth date of deceased Dec. 15 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 1 16 hr. min.

9. Birthplace Bourbon Co. Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Adam Aker Breckenridge

13. Birthplace Bourbon Co. Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Willmott

15. Birthplace Bourbon Co. Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.D. Breckenridge

(b) Address Liberty, Mo.

17. (a) Removal (b) Date thereof 2/4/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Liberty Mo.

19. (a) Feb 3 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1  
year 1947 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Sept 7th, 1945, to Jan 31, 1947  
that I last saw him alive on Jan 31, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis - Duration 2 months

Due to arteriosclerosis & ather.

Due to fractured hip, Sept. 7-1945

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 0  
Of autopsy 0

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) 0  
(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 0

23. Signature [Signature] (M. D. or other)  
Address Exelium Spring Mo Date signed 2/11/47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-22-47

MS JUN 25 1959

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 J. Gardner Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.