

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13328

State File No.

Registrar's No.

Registration District No. 145

Primary Registration District No. 5566

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Bellevue
(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 life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Bellevue 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME John Breitenstein

3. (b) If veteran, name war no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1947 hour 9 minute 30 A.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nellie Breitenstein 6. (c) Age of husband or wife if 69 years

7. Birth date of deceased May 25 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 9, 1947, to April 14, 1947, that I last saw him alive on April 8, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 10 Days 19 If less than one day hr. min.

Immediate cause of death Angina Pectoris 3 year Duration

9. Birthplace Bellevue Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation barber

Due to Arterial hypertension
Arterio sclerosis, general

Due to Chronic myocarditis

11. Industry or business

12. Name Joseph Breitenstein 5

13. Birthplace Bern Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Sheridan

15. Birthplace Roanoke Virginia 1
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy

16. (a) Informant Mrs. Nellie Breitenstein

(b) Address Bellevue Mo.

17. (a) burial (b) Date thereof 4-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Missouri

19. (a) April 18-47 (b) Mrs. Elizabeth Logan
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 4-16-47

RECEIVED

District Health Officer No. 4
District File Number 4-47-541
Date Filed 4-19-47

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 Arnel J. White

Licensed Embalmer No. 2012

P. O. Address Winton, N.C.

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.