

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13829  
Registrar's No.

Registration District No. 156 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: none  
(d) Length of stay: In hospital or institution.  
In this community all his life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin  
(d) Street No. 1022 West 2nd st. 5  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME E. H. Breazeale  
(b) If veteran, name war \*\*\*\*\*  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: April 3rd 1947  
21. I hereby certify that I attended the deceased from April 3rd to April 3rd 1947. Did not attend.  
that I last saw him alive on April 3rd 1947 and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color of race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Chloe  
6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased: Sept. 11th 1912  
8. AGE: Years 35 Months 6 Days 23

Immediate cause of death: Asphyxiation  
Due to: Carbon Monoxide  
Other conditions: Garage closed, washing oil his own  
Major findings: Coronary  
Of operations: None  
Of autopsy: None  
Physician: [Signature]

MOTHER FATHER  
12. Name Roy Breazeale  
13. Birthplace Joplin Mo.  
14. Maiden name Twyla Leach  
15. Birthplace Joplin Mo.  
16. (a) Informant Mrs. Chloe Breazeale  
(b) Address 1022 West 2nd St. Joplin Mo.  
17. (a) Burial (b) Date thereof 4-7-47  
(c) Place: burial or cremation Mt. Hope Cem.  
18. (a) Signature of funeral director Hurlbut Mortuary  
(b) Address 212 Joplin St.  
19. (a) 4/7/47 (b) Doloris Lampkins

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 122  
(b) Date of occurrence 4/3/47  
(c) Where did injury occur? Joplin Jasper Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
23. Signature: [Signature] Address: 211 + Joplin Date signed 4/3/47

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

47-3-310

FEB 17 1948

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 *Ferry K. Zurlbut*  
Licensed Embalmer No. *959*  
P. O. Address *Jupiter, Fla*

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.