

No. 2
12-45
17-39
X47070

State File No. _____

FILED NOV 17 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1352

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

1. PLACE OF DEATH:

(a) County Wichita

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

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 1/2 hrs 11 mos 19 days
(Specify whether years, months or days) 4 yrs 11 mos 19 da

In this community _____
years, months or days

3. (a) PRINT FULL NAME MARRIE BREIT

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 Widowed

6. (b) Name of husband or wife LEWIS BREIT

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

7. Birth date of deceased NOVEMBER 2 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>80</u>	<u>?</u>	<u>?</u>	hr. min.

9. Birthplace NOBARDWAY CO MOU
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name CHARLES HOWLAND

13. Birthplace UN KNOWN
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH JACKSON

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

16. (a) Informant E. C. BREIT

(b) Address SAVANNAH MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47
(Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH MO

18. (a) Signature of funeral director E. C. BREIT

(b) Address Savannah Mo

19. (a) 11-14-47 (Date received local registrar)

(b) B. G. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew

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

(d) Street No. 11
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13 year 1947 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from Jan 1st, 1947, to 11-13, 1947

(that I last saw her alive on 11-13, 1947 and that death occurred on the date and hour stated above.)

Immediate cause of death Hypostatic pneumonia

Duration 5 days

Due to Arteriosclerosis 10 years

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy A

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 [Signature] (M. D. _____)

Address State Hospital # 2, W. 12th St., W. 12th St., W. 12th St. Date signed 11/13/47

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 E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Savannah

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.