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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4491
Registrar's No. 197

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 16 days (Specify whether
In this community 26 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No. 909 S. Kimbrough 6 (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Finess Ewen Breech.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Breech
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 11, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	21	hr. min.

9. Birthplace Lebanon Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired merchant
11. Industry or business mdse.
FATHER
12. Name Simeon Breech
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Alexander
15. Birthplace Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant Mattie Breech,
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.
18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 3-3-48 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2, year 1948 hour 9 minute 10 P. M.
21. I hereby certify that I attended the deceased from May 5, 1945 to Mar 2, 1948 that I last saw h. 1.77 alive on Mar 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart disease	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. P. Maddux (M. D. ~~or other~~)
Address Springfield, Mo Date signed 3/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 27 1951

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.