No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1948

Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 33252

Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: 202 MAIDEN LANE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 3 mo. (Specify whether

In this community 4 yrs 3 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 49

(c) City or town JOPLIN (If outside city or town limits, write "RURAL") 2

(d) Street No. 202 MAIDEN LANE (If rural, give location) 5

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry E Breazeale

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 WIDOWED

6. (b) Name of husband or wife HANNAH BREAZEAL

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

7. Birth date of deceased OCT (Month) 8 (Day) 1864 (Year)

8. AGE: Years 84 Months 0 Days 1 If less than one day hr. min.

9. Birthplace WRIGHT CO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER - RETIRED

11. Industry or business

FATHER
12. Name NOT KNOWN 9
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NOT KNOWN 7
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas. C. Smith

(b) Address RI BOX 443A JOPLIN MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD MO

18. (a) Signature of funeral director F. A. Stiffe

(b) Address MANSFIELD MO.

19. (a) 10-12-48 (Date received local registrar) (b) Eds. James by Dolores Hampton Jr. (Registrar's Signature)

138-C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 8 year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 9-25, 1948 to 10-9, 1948 that I last saw him alive on 10-6-48, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration 24 hrs.

Due to Chronic myocarditis over 3 wks.

~~Due to~~ Strangulated hernia with gangrenous bowel — 9-25-48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Repaired hernia & resected 15 inches small

Of autopsy bowel 22a

PHYSICIAN 9-25-48 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address Joplin Mo Date signed 10-9-48

(Licensed Embalmer's Statement on Reverse Side)

58-10-857

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 F. A. Stiffler

Licensed Embalmer No. 3221

P. O. Address Mansfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.