

S. No. 2
DM-5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33392

State File No. 11-48-127

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 128

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Lynchburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant dau. of Mr + Mrs Ernest Breedlove
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 23 year 1948 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from Oct 22, 1948 to Oct 23, 1948 that I last saw her alive on Oct 23, 1948 and that death occurred on the date and hour stated above.

4. Sex 7 / 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 22 1948
(Month) (Day) (Year)

Immediate cause of death prematurity Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
- - 1 hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name Ernest Breedlove
13. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Leona Brooks
15. Birthplace Lamar Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Breedlove
(b) Address Lynchburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah Cemetery

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? _____

18. (a) Signature of funeral director no Funeral Director
(b) Address _____
19. (a) 11-1-48 (Date received local registrar) (b) Louis B. Lynd (Registrar's signature) (Date signed) _____

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature Dr. Duellick MW (M. D. or other)
Address Lebanon Mo. Date signed 10/29/48

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.....
No, Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

P. O. Address.....

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.