

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 12

FILED APR 8 1943
Registration District No. 308

Primary Registration District No. 2240

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Belgrade Harmond

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. 3 Miles West of Bismarck
(If rural, give location) Belgrade

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W Breakfast

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 2-21, 1943, to 3-1, 1943.
that I last saw him alive on 3-3, 1943.
and that death occurred on the date and hour stated above.

4. Sex M race w

5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sentha Breakfast

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Full 11 1864
(Month) (Day) (Year)

Immediate cause of death Lung cancer

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>		<u>21</u>	hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Mont Co MO
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER

12. Name William Breakfast

13. Birthplace Feomont Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Annie Albarn

15. Birthplace Feomont Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant James Breakfast

(b) Address Oshtemo MO

17. (a) Rural (b) Date thereof Mar 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shales Creek

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 _____

18. (a) Signature of funeral director L. Sparks

(b) Address Peters

19. (a) 3 23 43 (b) Calla White
(Data received local registrar) (Registrar's signature)

23. Signature J. P. Yeary (M. D. or other) _____

Address Granddale, Ia Date signed 3-11-43

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

810

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 443-2009
Date Filed 4-7-43

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

Ernest Swain

Licensed Embalmer No. 4787

P. O. Address

Flat Room 700

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.