V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44093

JAN 12 1940

Registration District No. 5-89 | Primary Registration District No. 5787a | Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County: Montgomery Ben Cruk
(b) City or town: Rural (near Highhill) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: about 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Montgomery
(c) City or town: Near High Hill (Rural) (If outside city or town limits, write "RURAL")
(d) Street No.: Near High Hill Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: ANNIE V BREWSTER

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: July (Month) 2 (Day) 1868 (Year)

8. AGE: Years 71 Months 5 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: Montgomery County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: House Keeper (Family)

11. Industry or business: ____

FATHER
12. Name: Joseph O. Brewster
13. Birthplace: St Louis County Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary E Lucas
15. Birthplace: State of Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Tarleton L Brewster
(b) Address: Highhill Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 26 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Pleasant Cemetery

18. (a) Signature of funeral director: Joseph A. Mallon
(b) Address: Montgomery City Mo

19. (a) Dec. 26 1939 (Date received local registrar) Mary Lou Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 2' day 25th year 1939 hour 4 AM minute A M.

21. I hereby certify that I attended the deceased from Dec 21 1939, to Dec 25 1939; that I last saw h alive on Dec 24 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Disease Mitral Insufficiency

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings of operations: ____

Of autopsy: ____

Duration

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Buell Menefee (M.D. or other)
Address: Montgomery City Mo Date signed 12/26/39

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala

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, above space should be left blank.