

PR 23 1940

Registration District No. 796Primary Registration District No. 6039State File No. 45Registrar's No. 45

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Rural Marshall
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: 1

(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 50 year3. (a) PRINT FULL NAME Mary Alice Brewer3. (b) If veteran, name war _____
3. (c) Social Security No. _____4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Oscar P. Brewer
6. (c) Age of husband or wife if alive 68 years7. Birth date of deceased: Dec 24 1854
(Month) (Day) (Year)8. AGE: Years 85 Months 2 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name William R. Woodledge13. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary Elizabeth Marshall15. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Oscar P. Brewer(b) Address Marshall Mo. P. #317. (a) Burial (b) Date thereof Feb 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ridge Park Cem18. (a) Signature of funeral director: Campbell Lewis(b) Address Marshall Mo19. (a) 3-6-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline(c) City or town Marshall Rural
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1940: hour 6 minute P. M.21. I hereby certify that I attended the deceased from March, 1937, to March 1, 1940that I last saw her alive on March 1, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Ulcer of
Stomach Duration 370

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature H. S. Harris (M. D. or other) _____Address Marshall Mo Date signed 3/6-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-9-40

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.....

Joe H. Lewis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Joe H. Lewis

Licensed Embalmer No. *1171*

P. O. Address *77 Marshall*

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

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 125-65

Registration District No. 796

Primary Registration District No. 6039

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

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

(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 _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Alice Brown

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

4. Sex _____ 5. Color or race _____

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 _____
(Month) (Day) (Year)

20. DATE OF DEATH Month Mar day 3 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ h. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-14-41 (Date received local registrar) (b) Mary Kent (Registrar's signature)

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 G. S. Gardner (M. D. or other) _____

Address Marshall no. _____ Date signed _____

SUPPLEMENTAL

1940

S-12555