No. 2
4-13-40
5-17-39
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FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31476

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1038

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 620A N.24th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 620A N.24th. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: VERA BREWER
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Arthur A.Brewer
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: July (Month) 4th. (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	18	____ hr. ____ min.

9. Birthplace: Fairfax (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife 0
11. Industry or business: home
12. Name (Father): Charles M.Chittenden 0
13. Birthplace (Father): Fillmore (City, town, or county) Mo. (State or foreign country)
14. Maiden name (Mother): Minnie D.Offutt
15. Birthplace (Mother): Brown County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mr. Arthur A.Brewer
(b) Address: 620A N.24th,St. Joseph,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn
18. (a) Signature of funeral director: FLEEMAN & SON INC.
(b) Address: ST. JOSEPH, MO.
19. (a) Sept. 23, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd year 1940 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 40, 19__, to Sept 22 40, 19__; that I last saw her alive on Sept 22. 40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema	48 hrs
Due to: Primary carcinoma of left lung. (bronchogenic)	Jan 1940
Due to:	
Other conditions (Include pregnancy within 3 months of death): 47	
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? 85 (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. H. Ryan (M. D. or other) 1
Address: St. Joseph, Kirkpatrick Bldg. Date signed 9-23-40.

(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 Carl W. Hause

Licensed Embalmer No. 3955

P. O. Address St. Joseph, Mo

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.