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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18633

Registration District No. 660

Primary Registration District No. 5878

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Central
(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 67-3-23
(Specify whether years, months or days)

In this community 67-3-23
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Brewer

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Viola Brwer

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 13 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Brewer

13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eizabeth Hagan

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace Brewer

(b) Address Perryville RFD # 4

17. (a) Burial (b) Date thereof March 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 3-7-41 (b) John Zoellner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town 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 6
year 1941 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 22
1941 to March 6, 1941
that I last saw him alive on March 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Coronary sclerosis

Due to Coronary sclerosis
Due to Chronic myocarditis

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration 1 Day
1 yr.

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 Oscar Barron (M. D. or other) O
Address Perryville, Mo Date signed 3-6-41

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

MOTHER FATHER

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 Wallace Young.....

Licensed Embalmer No. 4027.....

P. O. Address Perryville, N.....

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.