

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18224

State File No.

Registrar's No.

Registration District No. 77

Primary Registration District No. 5-637

26

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

1. PLACE OF DEATH:

(a) County **Lafayette**  
(b) City or town **Rural, Clay Trws.**  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ill.**  
(b) County **11**  
(c) City or town **Bloomington**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lorna Eileen Brewer**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **349-12-8850**

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Wilbur D. Brewer** 6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **July 18, 1923**  
(Month) (Day) (Year)

8. AGE: Years **19** Months **9** Days **29** If less than one day hr. min.

9. Birthplace **Clinton, Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Stenographer**

11. Industry or business

12. Name **Thomas Burns**  
13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elsie Abell**  
15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Wilbur D. Brewer**  
(b) Address **Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **May 19, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clinton, Ill.**

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **Odesse, Mo.**

19. (a) **May 29-1943** (b) **Mrs. W. Baker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17** year **1943** hour **8** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **called in special capacity & began May 15, 1943**  
that I last saw him **alive on** \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**1) Motor truck**  
**2) Sheep.**

Due to **motor car accident on**  
**on 40 highway 1 1/2 miles west**  
Due to **of Bats city on 53rd**  
**May 19-1943**

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **no 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) **accident 054**

(b) Date of occurrence **5-17-1943**

(c) Where did injury occur? **Bats city Lafayette Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on Highway No 40 - 1 1/2 miles west Bats city Mo**  
While at work? **Yes** (Specify type of place) (e) Means of injury **motor car**

23. Signature **W. M. Martin** (M.D. or other) **Carson**  
Address **Odesse Mo** Date signed **5-18-43**

JUN 8 1947

JUN 2 1947

SEP 8 1947

AUG 1 1947

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 *Henry G. Korman*  
Licensed Embalmer No. *7541*  
P.O. Address *Adams, Ind*

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.