

FILED JUN 22 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Marion
Hannibal

(b) City or town Hannibal

(c) Name of hospital or institution Levering Hospital
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
25 years (Specify whether years, months or days)

In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra, Missouri
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Elizabeth Calvert Brower

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John T. Brower

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 3 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>6</u>hr.min.

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

10. Usual occupation At Home

11. Industry or business Samuel R. Calvert

MOTHER FATHER {

12. Name Marion County, Missouri

13. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Calvert

15. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis, Mo.

(b) Address Burial 5/11/43

17. (a) (Burial, cremation, or removal) Greenwood Cemetery (b) Date thereof 5/11/43
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Brock
Palmyra, Mo.

(b) Address Palmyra, Mo.

19. (a) 5/11/43 (b) McComor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1
1943 to May 9 1943
that I last saw h. ev alive on May 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Cerebral Hemorrhage

Due to Hypertension

Other conditions 107
(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?.....

While at work? JA Hill M.D. (Specify type of place) (e) Means of injury

23. Signature JA Hill M.D. (M. D. or other)
Palmyra Mo. Date signed 5/10/43

Address.....

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.....

Robert B. Lewis

Licensed Embalmer No.....

2382

P. O. Address.....

Palmyra 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.