
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.....

Louis J. Lewis
Licensed Embalmer No. 2382

P. O. Address.....
Salisbury, Ma.

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.

FILED AUG 20 1943

Registration District No. **209**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:
 (a) County **Marion**
 (b) City or town **Hannibal**
 (c) Name of hospital or institution: **Levering Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **XXXX 7 days**
 In this community **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Marion** **64**
 (c) City or town **Palmyra**
 (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 _____

3. (a) PRINT FULL NAME **John Thomas Brower**

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

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married,** **2** **divorced** **Widowed**

6. (b) Name of husband or wife **Elizabeth Brower** **6. (c) Age of husband or wife if** **1869**
 alive _____ years

7. Birth date of deceased **January 12 1869**
 (Month) (Day) (Year)

8. AGE: **Years** **Months** **Days** **If less than one day**
74 **6** **8** **hr. min.**

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

10. Usual occupation **Retired Farmer D. Sheriff**

11. Industry or business **George W. Brower**

12. Name **George W. Brower** **Missouri**
 (City, town, or county) (State or foreign country)

13. Birthplace **Susa Hunsaker**
 (City, town, or county) (State or foreign country)

14. Maiden name **Adams County Illinois**
 (City, town, or county) (State or foreign country)

15. Birthplace **Bailey Brower**

16. (a) Informant **St. Louis, Missouri**
(b) Address **Palmyra 7/22/43**

17. (a) **(Burial, cremation, or removal)** **(b) Date thereof** **Greenwood Cem. Palmyra**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem. Palmyra**

18. (a) Signature of funeral director **Lewis Brown**
(b) Address **Palmyra, Mo.**

19. (a) **7-21-43** **(b)** **R. H. Connor**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
 year **1943** hour **12** minute **45** A. M.

21. I hereby certify that I attended the deceased from **July 14**
 19 **43** to **July 20** 19 **43**
 that I last saw him alive on **July 26** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
~~Death not known~~
Hypertension
 Due to _____
 Due to _____

Other conditions **Chernyrodok**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **93d**
 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 _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. H. Connor** (M. D. or other) _____
Address **101 Cherry Hunsaker** Date signed **7/21/43**