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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42604

State File No. \_\_\_\_\_

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 707

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Johns  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week  
7 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No.: 2506 Moffett;  
(If rural, give location)

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

3. (a) PRINT FULL NAME: Paulette Brewer

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Fem. Color or race: white

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

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: May 11, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 15 hr. min.

9. Birthplace: Joplin Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Claude Brewer

13. Birthplace: Joplin Mo; 0  
(City, town, or county) (State or foreign country)

14. Maiden name: Lucille Ann Dunn

15. Birthplace: Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant: Claude Brewer

(b) Address: 2506 Moffett; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 12-27-43  
(Month) (Day) (Year)

(c) Place: burial or cremation: FAIRVIEW

18. (a) Signature of funeral director: Hurlbut Und. Co;

(b) Address: Joplin Mo;

19. (a) 12-27-43 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. 26, day: 1943  
year: hour: 3-20 A.M. minute: M.

21. I hereby certify that I attended the deceased from 12-23  
1943 to 12-27 1943  
that I last saw her alive on 12-25  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema

Due to: [Signature] 3d

Due to: [Signature] 3d

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

Major findings: Of operations: 108

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? \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) MB

Address: \_\_\_\_\_ Date signed: 12/27/43

204 (Licensed Embalmer's Statement on Reverse Side)

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

43-12-1092

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..... *Perry K. Schubert* .....

Licensed Embalmer No..... *959* .....

P. O. Address..... *Joplin 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.