

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38074

State File No.

Registrar's No. 9

FILED DEC 7 1945
Registration District No. 250

Primary Registration District No. 5848

1. PLACE OF DEATH:
(a) County Wodaway
(b) City or town Balckow (Rural Grant)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wodaway
(c) City or town Balckow
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Grant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur Brewer
3. (b) If veteran, name war None
3. (c) Social Security No. 710

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 16
year 1945 hour _____ minute _____ M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MI
6. (b) Name of husband or wife Mary C Brewer
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan - 1 - 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1940 to Oct 18 1945
that I last saw him alive on Nov - 10 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis of spinal cord
Duration _____

8. AGE: Years 72 Months 10 Days 15
If less than one day hr. _____ min.

9. Birthplace Near New Market Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Father

11. Industry or business _____

MOTHER FATHER
12. Name John Brewer
13. Birthplace Unknown Perry
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Cook
15. Birthplace Unknown Ia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary C Brewer
(b) Address Balckow Mo

17. (a) Burial (b) Date thereof 11-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Balckow Mo

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marion Mo

19. (a) Nov 18, 1945 (b) M. M. Morgan
(Date received local registrar) (Attendant's signature)

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

Major findings:
Of operations _____
Of autopsy _____
82.1

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 W. Ryan Wood (M. D. _____)
Address Balckow Mo Date signed 11-18-45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marionville 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.