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 v. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **99291**  
**1325**  
 Registrar's No. \_\_\_\_\_

**FILED APR 2 1946**  
 Registration District No. **149**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3240 Norledge Court Home**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 week**  
 In this community **30 years**  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **110 East 65th Terrace,**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **X**

**3. (a) PRINT FULL NAME** **Robert H. Brewer**  
**3. (b) If veteran,** name war **no.** **3. (c) Social Security** No. **no.**

**4. Sex** **male** **5. Color or race** **white** **6. (a) Single, widowed, married,** divorced **married**  
**6. (b) Name of husband or wife** **Sarah E. Brewer** **6. (c) Age of husband or wife if** **83** **years**  
**7. Birth date of deceased** **March 5 1866-1860**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>86</b>	<b>0</b>	<b>10</b>	hr. min.

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

**10. Usual occupation** **Retired Hardware Salesman**

**11. Industry or business** **X**

**12. Name** **David Brewer**

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

**14. Maiden name** **Caroline Lynch**

**15. Birthplace** **Illinois**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Sarah E. Brewer**  
**(b) Address** **110 E. 65th Ter., Kansas City, Mo.**

**17. (a) burial** **(b) Date thereof** **3-18-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Forest Hill Cemetery**

**18. (a)' Signature of funeral director** **Stine & McClure,**  
**(b) Address** **3235 Gillham Plaza, K. C., Mo.**

**19. (a) 3-19-46** **(b) Scaldine Holmes**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **15**  
 year **1946** hour **3:10** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **1944 to March 15, 1946**  
 that I last saw him alive on **March 15, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
**Arteriosclerosis**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: **932**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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)  
 Means of injury **3**  
**23. Signature** **John T. Shiner** (M. D. or other)  
 Address **1462 Bryant Blvd** Date signed **3-18-46**

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

Dr. John Skinner

*By*  
*1-30-1919*

**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 H Reed*

Licensed Embalmer No. *3745*

P. O. Address *K.C. 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.**