

FILED MAY 27 1946
43

Registration District No. 43 Primary Registration District No. 5140 Registrar's No. 158

1. PLACE OF DEATH:

(a) County Butter

(b) City, or town Route 6 Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butter

(c) City or town Route 6 Poplar Bluff
(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 LACY LEE BREWER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LULA MAE BUTLER 6. (c) Age of husband or wife if 42 years

7. Birth date of deceased Aug 15 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 9 minute a.m.

21. I hereby certify that I attended the deceased from April 15, 1946, to May 1, 1946
that I last saw him alive on April 20, 1946
and that death occurred on the date and hour stated above.

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

45 9 17 hr. _____ min.

Immediate cause of death tuberculosis of stomach

Due to _____

Due to _____

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

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name George Brewer

13. Birthplace Iron Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Burdullin Collins

15. Birthplace Iron Co Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Large tubercle in stomach. Biopsy diagnosed tuberculosis

Of autopsy: Tuberculosis

Underline the cause to which death should be charged statistically.

16. (a) Informant Lula Mae Brewer

(b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof 5/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keams Chapel

18. (a) Signature of funeral director Frank Catlett Chapel

(b) Address Poplar Bluff Mo.

19. (a) 5/4/46 (b) CH Muntz
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: MV

(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 Wm Henrichsen (M. D. or other) M.D.
Address Poplar Bluff Mo. Date signed 5-13-46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 546-632

Date Filed 5-21-46

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.....

Howard Rodgers

Licensed Embalmer No. 4386

P. O. Address. Poplar Bluff 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.