

FILED JUL 18 1946

Registration District No. **360** Primary Registration District No. **3076**

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

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

(d) Street No. 322 N. Cedar - 7
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Henry 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, widowed

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

7. Birth date of deceased April 18, 1859 (1859)
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1946 to 7/9 1946
that I last saw him alive on 7/9 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 3 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death: Senile Dementia

Due to: Poor nourish met

Due to: Bladder trouble

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace: Green Castle, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business

12. Name: William P. Brewer

13. Birthplace: unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Poor

15. Birthplace: unknown - Ind.
(City, town, or county) (State or foreign country)

Major findings: above

Of operations: _____

Of autopsy: none made

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

16. (a) Informant: Mrs. Lois B. Anchor

(b) Address: Midway, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-11-46
(Month) (Day) (Year)

(c) Place: burial or cremation: Nevada Burial

18. (a) Signature of funeral director: Chickering Funeral Home

(b) Address: Nevada, Mo.

19. (a) 7-11-46 (Date received local registrar) (b) Kathryn Vance (Registrar's signature)

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. M. Gator (M. D. or other) _____
Address: Nevada Mo. Date signed: 7/10/46

RELE D
Di. Officer No. 7,
Dis. 6-46-238
Date Filed 7-13-46

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.....
Licensed Embalmer No.....
P. O. Address.....

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.