

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35984**
Registrar's No. **112**

Registration District No. **2**

Primary Registration District No. **5012**

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

1. PLACE OF DEATH:
(a) County **Andrew**
(b) City or town **Empire Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi. N.W. King City mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **3 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Joseph Sylvester Brewer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

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

7. Birth date of deceased **Feb 26 - 1865**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Taylor Co IOWA 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

12. Name **John Brewer**

13. Birthplace **unknown IOWA 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Elma Hick**

15. Birthplace **unknown IOWA 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Carl Herman**

(b) Address **Savannah mo**

17. (a) **B.** (b) Date thereof **11-30-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SAVANNAH**

18. (a) Signature of funeral director **E. G. Breit**

(b) Address **Savannah mo**

19. (a) **11-27-46** (b) **W. L. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Andrew** 2
(c) City or town **Empire Township** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **7 mi N.W. King City mo** 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **no** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **27**
year **1946** hour **4** minute **15** A. M.

21. I hereby certify that I attended the deceased from **April 10**, 1946, to **Nov 27**, 1946
that I last saw him alive on **Nov 26**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Face**
Due to **General Carcinoma**
Duration **4 yrs**

Other conditions: _____
(Include pregnancy within 8 months of death)

Major findings: **50**
Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Dr Z. A. Barnes** (M.D. or other) **D.O.**
Address **King City mo** Date signed **11-27-46**

DISTRICT HEALTH OFFICE
Salem, Mo.

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..... *E. C. Breit*

Licensed Embalmer No. *2630*

P. O. Address *Savannah 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.