

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1947
Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10442
Registrar's No. 105

Primary Registration District No. 6072

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Doe Run Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME James Walter Brewer
3. (b) If veteran, L name war _____
3. (c) Social Security No. L

4. Sex Male 5. Color or race Caus.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Francois
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased April 30 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 15 hr. min.

9. Birthplace Doe Run, Mo St. Francois Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business S/I/F

12. Name James Brewer

13. Birthplace Madison Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E Boyd

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

16. (a) Informant Edward Ralles

(b) Address Flat River, Mo

17. (a) Burial (b) Date thereof Mar - 17 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loof Centre - Doe Run, Mo

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor Flat River Mo

19. (a) 4-1-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Doe Run 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1947 hour 5:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 14
of March, 1947, to 15th of March, 1947.
that I last saw him alive on March 14, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute Coronary Occlusion 18 min.

Due to Cardio-Vascular _____
Due to Decom 3 yrs.

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

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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 Geo Hill (M. D. or other) _____
Address Farmer for Mo Date signed 3-31-47

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RECEIVED

District Health Officer No. 4

File Number 447-490

4-7-47

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Hot River, Ma

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.