

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ruth Brewer

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

4. Sex fem 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earnest Brewer
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 12 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Marian Lewis
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Jackson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Brewer
(b) Address Annapolis Missouri
17. (a) burial (b) Date thereof 5-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Annapolis Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Missouri
19. (a) 5-24-47 (b) Mrs. Mrs. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Annapolis
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 16 1947 to May 16 1947
that I last saw her alive on May 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to hypertensive heart disease

Due to _____

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

Major findings:

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

23. Signature R. E. Harland (M. D. or other) M. D.
Address Ironton, Mo Date signed 5-20-47

Duration 5-16-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 647-764
Date Filed 6-2-47

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 Arcey J. White
Licensed Embalmer No. 2012
P. O. Address Smiths River

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.