

No. 2
12-45
-17-39

X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wannans

State File No. 9665

FILED MAR 25 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 86

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

1. PLACE OF DEATH:

(a) County PETTIS

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

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

(d) Length of stay: In hospital or institution 11 yrs. (Specify whether years, months or days)

In this community 11 yrs.

3. (a) PRINT FULL NAME THOMAS H 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 MAR

6. (b) Name of husband or wife LEVIA

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JULY 19 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name J. N. BREWER

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

14. Maiden name SERENA LONG

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

16. (a) Informant MRS RUBY BLYTHE

(b) Address SEDALIA Mo

17. (a) BURIAL (b) Date thereof 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEM. PARK

18. (a) Signature of funeral director Betty Yeager
(b) Address Sedalia mo

19. (a) 3-20-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS

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

(d) Street No. 1321 E 6TH ST.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 19 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 2 1945 to Mar. 19 1948 that I last saw him alive on Mar. 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to arteriosclerosis

Due to Buerger's disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

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 2

23. Signature J. W. Wanders (M. D. or other) DO.

Address Sedalia, Mo. Date signed 3/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-24-48

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

Frank S. Coffman Jr.

Registered Apprentice No. 16

working under my personal supervision.

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address

Jedalia, 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.