

FILED JUN 7 1948

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 18

1. PLACE OF DEATH

(a) County New Madrid
(b) City or town Cabron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Cabron M.O. 72
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME

ALPHA-BREWER

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

4. Sex F 5. Color of white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. C. Brewer 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb. 4 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Alfred Bartley
13. Birthplace Tenn. (City, town or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Kathryn Garret
(b) Address Cabron M.O.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof May 2 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Mount Carmel

18. (a) Signature of funeral director William H. Sewell
(b) Address Parma, M.O.

19. (a) 5-15-48 (Date received local registrar) (b) Dr. G. W. White (Registrar's signature) 217

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1948 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from March 13 to May 1 1948
that I last saw her alive on April 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Duration 4 hours

Due to -
Due to -
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
PHYSICIAN None
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 Clayton M. P. P. P. (M. D. or other) 0
Address Registrar's 200 Date signed 5-7-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 648-72

Date Filed 6-4-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2476

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.