

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35767
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 321
 (b) Township Washington Primary Registration District No. 5445 Registered No. 61
 (c) City Near Rogersville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME W. E. Brewer
 (a) Residence, No. Rogersville, Mo. Rt. 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Nora Brewer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS _____ MONTHS _____ DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs. Nora Brewer
 (ADDRESS) Rogersville, Mo. Rt. 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Co. DATE June 17 1938
 19. FUNERAL DIRECTOR (NAME) B. D. Flepper
 (ADDRESS) Ozark, Mo.
 20. FILED Nov 2 1938 Mrs. Carl Hughes Mitchell
 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 - 1938
 I HEREBY CERTIFY That I attended deceased from June 16 1938 to June 16 1938
 I last saw him alive on June 16 1938 Death is said to have occurred on the date stated above, at 12:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset 6-15-38
 Other contributory causes of importance: 94%
 Name of operation _____ Date of _____
 What test confirmed diagnosis Phys. ex. Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. J. Wise M. D.
 (Address) Sparta, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

B. C. Klepper

or by Forest Klepper

Registered Apprentice No. 143, working under my personal supervision.

Signed

Licensed Embalmer No. Mo. 2178

P. O. Address Ozark, Missouri

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, above space should be left blank.