

REC'D JUN 8 1939

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

17786

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Paris Primary Registration District No. 1009 Registered No. 5198
(c) City Paris City (d) Street No. 4334 Mc Lee St. Mo.
(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

Missie M. Brewer
(a) Residence, No. 4334 Mc Lee 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Laverne S. Brewer (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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 Jasper M. Hipson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Janie M. Yocum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Laverne S. Brewer
4334 Mc Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE Byramville, Mo. DATE 5/26/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Asa McLaughlin
Marceline Mo.

20. FILED May 26, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1939

22. I HEREBY CERTIFY, that I attended deceased from Feb - 28 1938 to May 25 1939

I last saw him alive on May 25 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 82a

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Obduction 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) A. E. H. [Signature] (Address) 4334 Mc Lee

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,

Jason M. Laughlin

or by *Dale Bunch*

Registered Apprentice No. *149*, working under my personal supervision.

Signed *Jason M. Laughlin*

Licensed Embalmer No. *1274*

P. O. Address

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.