

No. 2
-13-40
-17-39
X23159

STANDARD CERTIFICATE OF DEATH

14829

State File No. _____

Registration District No. 427 Primary Registration District No. 4241 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 yr
years, months or days

3. (a) PRINT FULL NAME Frank W. Brewer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Class M. Brewer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 25 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 20 If less than one day hr. _____ min. _____

9. Birthplace New York / New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Class M. Brewer
(b) Address Burdett, W. Mo.

17. (a) Burial (b) Date thereof April 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grange, Mo.

18. (a) Signature of funeral director Wells City and Co
(b) Address Wells City, Mo.

19. (a) 4-16-41 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Cartersville 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 324 E. Nelson 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1941 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from April 14, 1941, to April 14, 1941;
that I last saw him alive on April 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High Blood Pressure

Due to _____

Other conditions (Include pregnancy within 3 months of death) § 2 W

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

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? _____

369 (Specify type of place) _____
While at work (e) Means of injury _____

23. Signature W. S. Slawson (M.D. or other) MD
Address 205 W. Broadway Date signed 4/16/41

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

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Wells City, Mo.

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3, 922

P. O. Address West City, 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.