No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18441

Registration District No. 566 Primary Registration District No. 5765 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Mississippi
(b) ~~City or town~~ RURAL - Ohio Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11 mi. N.E. of Charleston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 11 Mi N.E of Charleston 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Roxie Brewer
3. (b) If veteran, name war X X X
3. (c) Social Security No. X X X.
4. Sex FEMALE
5. Color or race COLORED
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Lonnie Brewer
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 22 (Day) 1877 (Year)

8. AGE: Years 64 Months 1 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Black Hawk / Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
MOTHER FATHER
12. Name Ellis Bradley
13. Birthplace Unknown / N. Carolina (City, town, or county) (State or foreign country)
14. Maiden name Hannah Unknown
15. Birthplace Unknown / Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Lonnie Brewer
(b) Address Rt. #2, Charleston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May - 26 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove - Charleston
18. (a) Signature of funeral director Lair - Summers
(b) Address Charleston, Missouri
19. (a) 5-27-41 (Date received local registrar) (b) F. A. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1941 hour 2 minute 0 P. M.
21. I hereby certify that I attended the deceased from May 23, 1941, to May 24, 1941; that I last saw her alive on May 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	D.K.
Due to	
Due to	
Other conditions — Valvular Endocarditis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? 745 (Specify type of place)
While at work ____ (e) Means of injury
23. Signature E. Clas. Kolwing (M. D. ~~or other~~)
Address Charleston, Mo. Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 641-6
Date Filed 6/2/51

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~~ and E E Nunnelee, License #4164 Missouri, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed John P. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, M

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

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