

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 461

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
227 S. Florence /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, 2  
(If outside city or town limits, write "RURAL") C  
(d) Street No. 227 S. Florence  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jefferson Harrison Brewer

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

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

6. (b) Name of husband or wife Laura Brewer 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 25, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>5</u>	<u>9</u>	hr. _____ min.

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Amos Brewer  
13. Birthplace Unknown / Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown (Jones)  
15. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Brewer

(b) Address 227 S. Florence, City

17. (a) Burial (b) Date thereof 6/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-6-41 (b) W. E. Nardley M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4,  
year 1941 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 27  
1939, to Sept 27, 1939;  
that I last saw him alive on Sept 27, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of mouth & jaw  
primary seat jaw (lingual  
Due to surface of mid line of second  
molar.)  
Due to \_\_\_\_\_  
Other conditions 45  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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?  
Facility  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Murray C. Stone (M. D. or other) 0  
Address Springfield Mo Date signed 6/6/41

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

STATEMENT BY LICENSED EMBALMER

11

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.....

*Harlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address..... *Springfield 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.

*Y*