

FILLED NOV 17 1941
Registration District No. 441

Primary Registration District No. 425-9

1. PLACE OF DEATH:

(a) County Knot
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 1 years, months or days

3. (a) PRINT FULL NAME Edwin Jack Brewer

3. (b) If veteran, name war 29 3. (c) Social Security No. 1

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Tab Scott 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 3 1901 (Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Edina Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Edwin S. Brewer

12. Name Edwin S. Brewer

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

14. Maiden name Edna Smith

15. Birthplace Knox County Mo (City, town, or county) (State or foreign country)

16. (a) Informant John B. Brewer

(b) Address Edina Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Levitt Cemetery

18. (a) Signature of funeral director J. B. Gully & Co.

(b) Address Edina Mo

19. (a) Oct 22, 1941 (Date received local registrar) (b) Mr. C. M. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knot 052
(c) City or town Edina 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1941 hour Don't know minute 15 M.

21. I hereby certify that I attended the deceased from Oct 19 1941, to Oct 18 1941; that I last saw him alive on Oct 18 1941; and that death occurred on the date and hour stated above.

Immediate cause of death He was found dead. my opinion he died of heart failure.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2008

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?

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

23. Signature J. E. Luman (M. D. or other)

Address Edina Mo Date signed Oct 21/41

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2083

Date Filed NOV 15 1941

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.....

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

Signed.....

Licensed Embalmer No. 3755

P. O. Address Burdland 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.