

Registration District No. 703

Primary Registration District No. 4425

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville, Mo.  
(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 15 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski  
(c) City or town Waynesville,  
(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? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Blaine Brewer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 1, 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pike Co. Ill. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Office Worker

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

MOTHER { 12. Name Robert Brewer  
13. Birthplace Ky. /  
(City, town, or county) (State or foreign country)  
14. Maiden name Betty Wilson  
15. Birthplace Pike Co. Ill. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Davis,  
(b) Address Copan, Okla.

17. (a) Burial (b) Date thereof Dec. 18, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.

(b) Address Waynesville, Mo.

19. (a) 12/16/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1941 hour 6 minute 45p. M.

21. I hereby certify that I attended the deceased from 3 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him in alive on Dec. 16 1941, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 9/4a

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

23. Signature Howard O. Michelson (M. D. or other) P.O.

Address Waynesville, Mo Date signed 12/16/41

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

85  
0  
0

641

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**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.....

*Paul B. Hooper*

Licensed Embalmer No. 3261

P. O. Address Crocker, 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, above space should be left blank.**