

FILED MAR 16 1942

Registration District No. **366**

Primary Registration District No. **5762-5765**

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:
10 Mi. N.E. of Charleston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **All of Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**
(c) City or town **-Rural-**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt. #.2, Charleston**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **X X X**

3. (a) PRINT FULL NAME **Letha 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 **Col.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Eli Brewer** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **July 24 1895**
(Month) (Day) (Year)

8. AGE: Years **46** Months **6** Days **7** If less than one day **hr. min.**

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

10. Usual occupation **House Wife**

11. Industry or business **At Home**

12. Name **Dudley Irvin**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Willie Bell**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eli Brewer**
(b) Address **Rt. 2, Box 240, Charleston**

17. (a) **Burial** (b) Date thereof **2-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Thompson Bend Cemetery**

18. (a) Signature of funeral director **Lair-Nunnelee**
(b) Address **Charleston, Mo.**

19. (a) **2-6-42** (b) **J. S. Vernon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **31st.**
year **1942** hour **3** minute **50** p.m.

21. I hereby certify that I attended the deceased from **10-19-41** to **10-19-41**
that I last saw **her** alive on **10-19-** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**
2 decompensation 6mm
Due to _____

Due to **chronic Nephritis** 10mm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131P**
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) Means of injury _____

23. Signature **W. A. Stungal** (M.D. or other) Address **204 S. Locust St. Charleston** signed **2-2-42**

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

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RECEIVED

District Health Office No. 2

District File Number 342/320

Date Filed 3/9/42

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

John F. Munnell Jr.

Licensed Embalmer No. 3851

P. O. Address.....

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.