

FILED AUG 11 1942

Registration District No. 390

Primary Registration District No. 55465

Registrar's No. 485

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

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural; Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles North West of Annapolis/
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles North West of Annapolis
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Edward Brewer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Brewer 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Nov. 26 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 7 15 hr. min.

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

10. Usual occupation farmer

11. Industry or business.....

MOTHER FATHER { 12. Name William Brewer
13. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Arteria Hackworth
15. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Brewer

(b) Address Annapolis Mo.

17. (a) burial (b) Date thereof 7-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 25 White Ironton Mo.

19. (a) 7-26-42 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 6
1942 to July 11 1942
that I last saw h..... alive on July 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death refractive
(acute)

Due to malaria

Due to.....

Other conditions typhoid fever
(Include pregnancy within 6 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

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 0

23. Signature E. M. Miller (M. D. or other) MD
Address Custer Mo. Date signed 7/26/42

AUG 1 2 1948
OCT 13 1948

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 *Arvid J. White*
Licensed Embalmer No. *3012*
P. O. Address *Trouton, Tenn.*

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.