

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29931

State File No. _____

FILED OCT 10 1942

Registration District No. 47

Primary Registration District No. 3171

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Hans Prairie
(c) Name of hospital or institution: Six Mile South of Fulton
(d) Length of stay: In hospital or institution 73 Years
In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town Rural
(d) Street No. R#6 Fulton
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME SALLIE BREWER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 24 hr. / min.

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

10. Usual occupation At Home

11. Industry or business At Home

MOTHER FATHER { 12. Name John Miller

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

14. Maiden name Annie McGraw

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. Brewer

(b) Address Fulton, Missouri.

17. (a) Burial (b) Date thereof 9/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation U. B. Church Cemetery

18. (a) Signature of funeral director John Wallace

(b) Address Fulton, Missouri.

19. (a) Sept 10-42 (b) Joan Morischoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28
1942 to Sept 8 1942
that I last saw her alive on Sept 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma

Due to Coronary artery disease

Due to _____

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings: Of operations g/a

Of autopsy _____

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 _____

28. Signature W. O. Payne (M. D. certifying)

Address R#6 Fulton Mo Date signed 9/8/42

Duration
Physician
Underline the cause to which death should be charged statistically

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.....

James R. Cady Registered Apprentice No. *329*
.....
working under my personal supervision.

Signed.....
Albert B. White

Licensed Embalmer No. *4168*

P. O. Address.....
Pulston, 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.