V. S. No. 2
50M—5-42
Rev. 5-17-39
I. X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6972

FILED MAR 8 1943

Registration District No. 2106 Primary Registration District No. 4317 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Marquand
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Marquand
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilma Pauline Brewer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lonnie Brewer

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased November (Month) 8 (Day) 1916 (Year)

8. AGE: Years 26 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Samuel Baker

13. Birthplace Flat River (City, town, or county) Missouri (State or foreign country)

14. Maiden name Lula Roan

15. Birthplace St. Francois Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Samuel Baker

(b) Address Marquand, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Marquand, Mo.

18. (a) Signature of funeral director Stanley H. Tipton

(b) Address Fredericktown, Missouri

19. (a) Feb 20 1943 (Date received local registrar) (b) S. C. Slaughter By (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th. year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1943, to Feb 18, 1943; that I last saw h. alive on Feb 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberulosis	2 yrs
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hillard J. Nash (M.D. or other) D.O.

Address Marquand, Mo. Date signed 2-20-43

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

District Health Officer No. 4

District File Number 343-1802

Date Filed 3-3-43

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 Stanley H. Dipon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.