

FILED APR 9 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 12 hrs
(Specify whether years, months or days) about 12 hrs

3. (a) PRINT FULL NAME

PARKER BREWER

3. (b) If veteran, name war

3. (c) Social Security No. 498-12-9289

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 3 1914
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

28

11

28

hr. min.

9. Birthplace

Wayne Co. Tenn.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Joe Calvin Brewer

13. Birthplace

Wayne Co. Tenn.

(City, town, or county)

(State or foreign country)

14. Maiden name

Alpha Barclay

15. Birthplace

Perry Co. Tenn.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. J. C. Brewer

(b) Address

Parma, Mo.

17. (a)

Buried

(b) Date thereof

4-3-1943

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Maumeli Park

18. (a) Signature of funeral director

Watkins

(b) Address

Parma, Mo.

19. (a)

4-5-43

(b)

J. H. Phelps

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Parma, Mo.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 43 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 3-31-43 to 3-31-43

that I last saw him alive on 3-31-43 and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Perforated Peptic Ulcer

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?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature

A. B. Smith

(M. D. or other)

Address

Parma, Mo.

Date signed

3/31/43

SEP 28 1943

RECEIVED

District Health Officer No. 4

District File Number 443-2077

Date Filed 4-7-43

JAN 17 1944

NOV 29 1944

122

Brewer

427 Street Road.

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

B. J. Brenzinger

Licensed Embalmer No. 4261

P. O. Address

Dexter, 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.