V. S. No. 2
50M—5-42
5-17-30
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9921

RECD MAR 16 1943

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Springs
(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
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 300 S Park
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Sarah C Brewer

3. (b) If veteran, name war —

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lee A Brewer

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January (Month) 27 (Day) 1878 (Year)

8. AGE: Years 65 | Months 0 | Days 5 | If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Isaac Baker
13. Birthplace — (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lacy
15. Birthplace — (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lee A Brewer
(b) Address El Dorado Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Linaley Prairie (Cem)

18. (a) Signature of funeral director Guinn-Siders
(b) Address El Dorado Springs Mo

19. (a) 3/4/43 (Date received local registrar) (b) L T Delaney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 2
year 1943 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 24, 1943 to Feb. 2, 1943
that I last saw her alive on Jan 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Angina Pectoris
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 R V Woodward D. (M. D. or other)
Address El Dorado Springs Mo Date signed 3/4/43

1200

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1946

RECEIVED
District Health Officer No. 7,
District File Number 2-43-115
Date Filed 3-10-43

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 M D Fierro

Licensed Embalmer No. 2034

P. O. Address El Dorado Springs, 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.