

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

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21792

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Laurens
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 114 W. St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 78 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME Polly Ann BREWET

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

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife no 6. (c) Age of husband or wife If alive 5 years (Day) (Year)
7. Birth date of deceased Jan 5 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Barry (City, town or county) County 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name John Willis
13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name ?
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Leo Brewer
(b) Address Aurora MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director John S. Marsh
(b) Address Aurora MO

19. (a) 5-13-43 (Date received local registrar) (b) Eunice Green (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurens
(c) City or town Aurora 114 W. St. Louis St. (If outside city or town limits, write "RURAL")
(d) Street No. 114 W. St. Louis (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 10 1943 that I last saw her alive on May 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
paralysis right arm & leg
Due to Hypertension
Due to Ch. Myocarditis

Other conditions (Include pregnancy within 3 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) no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State) no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? (Specify type of place) (e) Means of injury no

23. Signature P. S. Sloman (M. D. or other) Address Aurora MO Date signed 5/14/43

RECEIVED
District Health Officer No. 6,
District File Number 643-802
Date Filed Aug 23 1944

AUG 24 1944

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Oscar L. Marsh

Licensed Embalmer No. 3842

P. O. Address..... Pioma 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.