

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22565

State File No. _____

Registrar's No. 69

Registration District No. 225

Primary Registration District No. 4476

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Dawning mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EARNEST WM BRILL

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Effie Brill 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 7 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Hamilton Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Scott Brill
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Emma Fowler
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Brill

(b) Address Dawning mo

17. (a) Burial (b) Date thereof 6-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dawning Cemetery

18. (a) Signature of funeral director Lloyd Moore

(b) Address Dawning mo

19. (a) June 14 '43 (b) Al Justice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Dawning mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 7 A.M. minute 5 M.

21. I hereby certify that I attended the deceased from June 13
June 13 1943 to June 14 1943
that I last saw him alive on June 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to Cardiac Asthma and Diabetes

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

Major findings: Of operations ✓

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? ✓

(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 H E Gerwig (M. D. or _____)

Address Dawning mo Date signed June 15

JUL 2 706

JAN 22 1945

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 me,
Registered Apprentice No. 315,
working under my personal supervision.

Signed

Loyd Moore

Licensed Embalmer No.

3157

P. O. Address

Douglas 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.