

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28403

State File No. _____

FILED AUG 25 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Independence Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME James Richard Brewer.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased November 16, 1933
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
9 8 9 hr. min.9. Birthplace Independence, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Lawrence E. Brewer13. Birthplace Yuba, Ark.
(City, town, or county) (State or foreign country)14. Maiden name Burton15. Birthplace Irman, Nebraska
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Lawrence E. Brewer(b) Address Independence, Mo.17. (a) Burial (b) Date thereof July 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn18. (a) Signature of funeral director Robert B. Sp...(b) Address Independence, Mo.19. (a) 7-26-1943 (b) James ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1309 Ash St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from July 23
1943 to July 25 1943that I last saw him alive on July 25 1943
and that death occurred on the date and hour stated above.Immediate cause of death Staphylococcus
infection Larynx & Joints
and pharynx Duration 3 days

Due to _____

Due to _____

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? _____
(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)
(e) Means of injury _____23. Signature Chaet Nickam Jr. (M.D. or other) _____Address Independence, Mo. Date signed 7/26/43

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

1158

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.
working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.