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X26390

FILED FEB 10 1944  
Registration District No. **37**

Primary Registration District No. **4353**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **New Madrid Mo**

(b) City or town **Paducah Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**0 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)

In this community **25 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **New Madrid**

(c) City or town **Paducah 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 \_\_\_\_\_

3. (a) PRINT FULL NAME **William Wiley Brewett**

3. (b) If veteran, name war **0**

3. (c) Social Security No. **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8** year **1944** hour **11:45** minute **P** M.

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Emma Brewett** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Oct 16 1881**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1 - 1944** to **Jan 8 1944**

(that I last saw him alive on **Jan 7 1944** and that death occurred on the date and place stated above.)

8. AGE: Years **62** Months **2** Days **22** If less than one day hr. min.

Immediate cause of death **Arterio Sclerotic with fatty degeneration and Dropsy**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) **97a**

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **William Wiley Brewett**

13. Birthplace **New Madrid Mo** (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace **New Madrid Mo** (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy **none**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Edward Brewett**

(b) Address **Paducah Mo.**

17. (a) ~~burial, preparation, or removal~~ Date thereof **Jan 9 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **burial**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **Jan 8 1944**

(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? \_\_\_\_\_

18. (a) Signature of funeral director **David Russell**

(b) Address **Paducah Mo**

19. (a) **Feb - 1 - 44** (Date received local registrar) (b) **Brenda Macon** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **W. Wiley Brewett** (M. D. or other) Address **Paducah Mo** Date signed **Jan 8 1944**

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

538

RECEIVED

District Health Office No. 2,

District File Number 244-302

Date Filed 2-7-44

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**