

FILED DEC 12 1944

Registration District No.

Primary Registration District No.

5570

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9 miles East of Indep. Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years
In this community 19 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Phoebe Jane Brewer
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas. B. Brewer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 23, 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 23
If less than one day hr. 0 min. 0

9. Birthplace Dorchester, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William H. Peers
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Betty Kayle
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Peers
(b) Address Route 2, Indep. mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16/44
(Month) (Day) (Year)
(c) Place: burial or cremation Maund Grove

18. (a) Signature of funeral director Roland H. Speaks
(b) Address Independence, Mo.
19. (a) Dec-2-1944 (Date received local registrar) (b) T. M. Reppert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, 9 miles East of Indep.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 7 year 1944 hour 9 minute P.
21. I hereby certify that I attended the deceased from Jan, 1944 to June 8, 1944
that I last saw her alive on about Aug. 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
A-V-Heart Block for years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) No
(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?
Farm Home
(Specify type of place) (e) Means of injury 0

23. Signature George T. Wynn (M. D. or other)
Address Ind. Mo. Date signed 11/6/44

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

1161

(Licensed Embalmer's Statement on Reverse Side)

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. *3604*

P. O. Address *Independence*

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.