

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6842**

Registration District No. **27**

Primary Registration District No. **440-83**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Smithton Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **At Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)
In this community **15 years**

3. (a) PRINT FULL NAME **LOTUS REVO BREMER**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Frank** 6. (c) Age of husband or wife if alive **5** years
7. Birth date of deceased **April 5 - 1890**
(Month) (Day) (Year)

8. AGE: Years **54** Months **10** Days **8** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **A. W. Johnson**
13. Birthplace **Morgan Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Shary Combs**
15. Birthplace **Morgan Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Bremer**
(b) Address **Smithton Mo**
17. (a) **Burial** (b) Date thereof **2-19-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Smithton**

18. (a) Signature of funeral director **A. F. Hammer**
(b) Address **Smithton Mo**
19. (a) **2-13-1945** (b) **Mrs Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Smithton**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8** year **1945** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **Feb 1 1945** to **Feb 13 1945**
that I last saw him alive on **Feb 13**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure**
Duration **Chole cystitis**

Other conditions (Include pregnancy within 3 months of death) **94A**

Major findings: Of operations _____ Of autopsy _____

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) _____
(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? **No** (Specify type of work) _____
23. Signature **E. J. Berger** (M. D. or other) _____
Address **Smithton Mo** Date signed **2/13/45**

1072

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

RECEIVED

3-8-45

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

A. F. Nemmer

Licensed Embalmer No.

3912

P. O. Address

Millerton 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.