S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10181

Registration District No. 208 | Primary Registration District No. 5761 | Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Palmyra Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Palmyra (If outside city or town limits, write "RURAL") 4
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0 0

3. (a) PRINT FULL NAME: John W. 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: Widowed
6. (b) Name of husband or wife: Arabella Brewer
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: March (Month) 17 (Day) 1861 (Year)

8. AGE: Years 83 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace: Uppington (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired Fireman
11. Industry or business: E. I. Du Pont Co. Lamar Mo.
FATHER
12. Name: Charles Brewer
13. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name: Charity Sarah Warren
15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs. Roy Wilch
(b) Address: 1800 S. Front St. Quincy, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashburn, Mo.
18. (a) Signature of funeral director: Roy P. Schwartz
(b) Address: Hannibal, Mo.
19. (a) 2-13-45 (Date received local registrar) (b) Mrs Margaret Madden Deputy (Registrar's signature)

1145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1945 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from June 1-45, 19..., to Feb 4 1945, 19..., that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to:
Due to:
Other conditions: Paralysis Agitans. (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: AB

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: E. M. Luebe (M. D. or other) M.D.
Address: Hannibal Mo. Date signed 2-14-45

(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 Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address Hannibal, 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.