

FILED JUL 5 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2692

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME CARL RAYMOND BREWER
3. (b) If veteran, name war World War 2
3. (c) Social Security No. 553-03-6531

4. Sex Male 0 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Juanita Brewer
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased February 19 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 4 6 hr. min.

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Forest Guard

11. Industry or business Sequoia Nat. Park

12. Name Steve A. Brewer

13. Birthplace Benton Harbor Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Alice Farrell

15. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Juanita Brewer

(b) Address 5034 Chestnut

17. (a) Burial (b) Date thereof 6-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-26-45 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7034 Chestnut 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1945 hour 7: minute 17 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Skull Fracture

Due to Injury by Fall

Due to _____

Other conditions 1860-5
(Include pregnancy within 3 months of death) 39

Major findings:
Of operations _____

Of autopsy Trauma (Fall from Box Car)

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident 123

(a) Accident, suicide, or homicide (specify) 6-25-45 Mo.

(b) Date of occurrence

(c) Where did injury occur? Kansas City, Jackson City

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Yards

While at work Yes (Specify type of place) fall

(e) Means of injury

23. Signature Howeas (M. D. Howeas)

Address 1034 1/2 N. 10th St. Kansas City, Mo. Date signed 6/26/45

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

10/16/61 6 701

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.....

Cecil R. Matthes

Licensed Embalmer No. *3807*

P. O. Address. *Kansas City, 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.