

S. No. 2
DOM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32572**
Registrar's No. **4296**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Paris city mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
709 Washington 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **Unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **Jackson** **48**
(c) City or town **Paris city mo** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **709 Washington** **8**
(If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Louis Bremser**
3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **19**
year **1945** hour **6** minute **30 A** M.
21. I hereby certify that I attended the deceased from.....
Coroner..... 19....., to..... 19.....;
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or **White**
6. (a) Single, widowed, married? **Widowed**
(b) Name of husband or wife.....
(c) Age of husband or wife if
Unknown alive..... years
7. Birth date of deceased..... **1858**
(Month) (Day) (Year)

Immediate cause of death.....
Coronary sclerosis
Due to **status senilis**
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) **940**

8. AGE: Years **87** Months Days If less than one day
hr. min. **9**

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country) **9**
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country) **0**

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations.....
Of autopsy **no**
History & Inspection

16. (a) Informant **Coroner office**
(b) Address **Paris city mo**
17. (a) **Parisville Mo** (b) Date thereof **Oct 18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Parisville College**

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? (Specify type of place) (e) Means of injury.....
23. Signature **Jimmie Miller** **3** (M. D. or other) **Coroner**
Address **1424 1/2 2nd St** Date signed **10-18-45**

18. (a) Signature of funeral director **Parson's Bros**
(b) Address **Paris city mo**
19. (a) **10-19-45** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

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

18
3
8

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 J. S. Walters

Licensed Embalmer No. 2744

P. O. Address R. C. Mc

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.