

FILED FEB 8 1946
Registration District No. **82**

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County **Cooper**

(b) City or town **Boonville**
(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 _____ (Specify whether _____)
In this community **3 Years.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **27**

(c) City or town **Boonville, Mo.** (If outside city or town limits, write "RURAL") **2**

(d) Street No. **401 Third St.** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Clotilda Brewington,**

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

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Forrest Brewington** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **May 15 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 26 hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At home.**

12. Name **Norman Brown**

13. Birthplace **Maryland**
(City, town, or county) (State or foreign country)

14. Maiden name **Clotilda Steiger**

15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Forest Brewington.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 13th /46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery**

18. (a) Signature of funeral director **Goodman & Bolle**

(b) Address **Boonville, Mo.**

19. (a) **Jan 11 /46** (b) **Clay Morris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **10**
year **1946** hour **???** minute _____ M.

21. I hereby certify that I attended the deceased from **Cornu Case**
_____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Jan 10 1946**

(c) Where did injury occur? **Missouri River, Cooper Co.**
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place?
Public (Specify type of place) _____

while at work? **no** (Specify type of place) _____

23. Signature **James R. Smith** (M.D. or other) **Coroner**
Address **715 - 7th St Boonville** Date given **Jan 11 /46**

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

494

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-7-46

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.....

G. F. Bolker

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.