No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13992

Registration District No. 254 Primary Registration District No. 5866 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Myrtle (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Myrtle (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Golden Safe 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 Married /

6. (b) Name of husband or wife Ella Wheeler

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 28 (Day) 1890 (Year)

8. AGE: Years 55 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Josephus Brewer
13. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Jane Sisk
15. Birthplace Jackson County (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Mrs. G. S. Brewer
(b) Address Myrtle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/46 (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 4/25/46 (Date received local registrar) (b) Marjorie Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 940

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 Leo Carr Coroner

Address 3-26 Date signed 3-26

352 (Licensed Embalmer's Statement on Reverse Side)

Coroner

12895

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

RECEIVED
District Health Officer No. 5
District File Number 446 317
Date Filed 4.29.46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.