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 JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20172

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2480

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hosp Co (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether

In this community 46 years years, months or days)

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. 235 W 53rd 8 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Reginald R. Brewster

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex male

5. Color or race wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Brewster

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

7. Birth date of deceased 10 (Month) 23 (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Arthur S. Brewster
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Anna Bayard
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant R. R. Brewster Jr.

(b) Address 6531 Valley Rd.

17. (a) Cremate (Burial, cremation, or removal) (b) Date thereof 6/5/46 (Month) (Day) (Year)

(c) ~~Place: burial or~~ cremation Elmwood Cem

18. (a) Signature of funeral director Stone McClure

(b) Address Kansas City Mo

19. (a) 6-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 3rd year 1946 hour minute P M.

21. I hereby certify that I attended the deceased from Jan 1946 to June 3 1946 that I last saw h. 13 alive on June 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death old Cardiac occlusion Pulmonary metastasis

Due to Malignancy G.I.

Due to Mach

Other conditions primary site in stomach (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46 b

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 0

23. Signature R R Coffey (M. D. or other) Md

Address K. C. Mo Jac Mo Date signed 6/5/46

(Licensed Embalmer's Statement on Reverse Side)

Proff Bldg Pvt.

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. Clair Sluppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.