No. 2
1-4-41
17-39
X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23333

Registration District No. 122 Primary Registration District No. 4201 Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Republic
(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 ----------
In this community All of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Republic Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Charles dawson brewster

3. (b) If veteran, name war ----------

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 11 (Day) 1865 (Year)

8. AGE: Years 80 Months 10 Days 23 If less than one day ....hr. ....min.

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

10. Usual occupation Retired

11. Industry or business ----------

FATHER
12. Name Charles Brewster
13. Birthplace Dont know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Patton
15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Margrett Brewster
(b) Address Republic Missouri

17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof July 5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lindsey Chapel Cemt.

18. (a) Signature of funeral director R.E. Thurman
(b) Address Republic Missouri

19. (a) July 4-1946 (Date received local registrar) (b) Florence Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1946 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from January 1 1946, to July 3 1946 that I last saw him alive on July 2 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Fatty degeneration of the Heart — Duration

Due to —

Due to —

Other conditions Ascites.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy No

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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature E L Beal (M. D. or other)
Address Republic Mo July 4 Date signed 46

105 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 46-7-82
Date Filed 7-12-46

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 R E Thompson

Licensed Embalmer No. 503

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.