No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23892

State File No.

FILED AUG 12 1946

Registration District No. 1 4 6

Primary Registration District No. 3026

Registrar's No. 270

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

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5½ hours (Specify whether years, months or days)

In this community: 16 years

2. USUAL RESIDENCE OF DECEASED: 1/8

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 2420 – Overton 0
(If rural, give location)

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

If yes, name country: – – –

3. (a) PRINT FULL NAME: BEATRICE M. BREST

3. (b) If veteran, name war: No.

3. (c) Social Security No. 491-22-0296

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Elvin C. Brest

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: June (Month) 17 (Day) 1905 (Year)

8. AGE: Years 41 | Months 1 | Days 7 | If less than one day – hr. – min.

9. Birthplace: Harrisburg (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Leonard K. Williamson
13. Birthplace: Liverpool (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name: Bessie Shearer
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Elvin C. Brest 1
(b) Address: Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: George E. Carson
(b) Address: Independence, Missouri

19. (a) 7-31-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1, 19, to, 19; that I last saw h alive on, 19 and that death occurred on the date indicated above. Deputy Coroner

Immediate cause of death: Acute Peritonitis — Duration

Due to: Ruptured Tubo-Ovarian Abscess.

Due to:

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

Major findings: Of operations: 1 39 w

Of autopsy: See Above

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: A. E. Spencer (M. D.) Date filed: 8/6/46

Address: 2800 Main

35¢ (Licensed Embalmer's Statement on Reverse Side)

DEC 2 1947

MAY 19 1948

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 Dean Owens

Licensed Embalmer No. H 2 8 0

P. O. Address Independence, 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.