

FILED SEP 26 1946

Registration District No. _____

Primary Registration District No. **3019**

1. PLACE OF DEATH:

(a) County **Dunklin**

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

(c) Name of hospital or institution: **Presnell Hospital**
(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 **1 Week**

3. (a) PRINT FULL NAME **Jimmie Lee Brewer**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **X** years _____

7. Birth date of deceased **October 24, 1945**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|----------|-----------|----------|----------------------|
| | 0 | 10 | 6 | hr. _____ min. |

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

10. Usual occupation **X**

11. Industry or business **X**

MOTHER FATHER

12. Name **Willie Brewer**

13. Birthplace **Wayne, Co., Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Nell Burton**

15. Birthplace **Obion, Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willie Brewer**

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

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **9/1/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo.**

18. (a) Signature of funeral director **Burial Home**

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

19. (a) **9-1-1946** (Date received local registrar)

(b) **Earl Thurmond** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**

(c) City or town **Deering**
(If outside city or town limits, write "RURAL")

(d) Street No. **Gen. Del.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **1**
year **1946** hour **9** minute **30** P. M.

21. I hereby certify that I attended the deceased from **8-23**, 1946, to **9-1**, 1946,
that I last saw her alive on **9-1**, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (bronchial)**

Other conditions **Congenital Heart Disease**
Asthma

Major findings:
Of operations _____
Of autopsy **157E**

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 **(1)**

23. Signature **E. G. Wilson** (M. D. or other) **MD**
Address **Kennett, Mo.** Date signed **9-2-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
35
2
2
28758

RECEIVED

District Health Office No. 2,

District File Number 946-1086

Date Filed 9-9-46

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.....

Body was not embalmed

....., 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.