No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1946

State File No. 33906

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 124

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 yr 1 Mo 22 dy
In this community 28 yrs 1 Mo 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PETER 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10 - 9 - 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	12	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Delevan Brewer
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lydia Miller
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Hospital record
(b) Address Nevada Mo
17. (a) Hosp Cemet (Burial, cremation, or removal) (b) Date thereof 10 5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director Ferry Fun Home
(b) Address Nevada Mo
19. (a) 10-5-46 (Date received local registrar) (b) Kathryn Vaucey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1946 hour 6 minute 45 a.M.
21. I hereby certify that I attended the deceased from October, 1939, to Oct 2, 1946, that I last saw him alive on Oct 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic
Due to Heart Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93D
Of autopsy

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 Paul L Barone (M. D. or other)
Address State Hosp 3 Nevada Mo. Date signed Oct 2 1946

331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District No. 7,

9-46-1025

Date Filed 10-9-46

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J B Ferrell

Licensed Embalmer No. 1760

P. O. Address Nevada 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.

No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11 01

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Vernon (b) City or town Rural Wash Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital no. 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 yrs. 1 mo. 2 days (Specify whether years, months or days) In this community same time

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laclede

(c) City or town Hint Known (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Pieter Brewer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 9 (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1946 hour minute 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.

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

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

359064