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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40201
Registrar's No. 985

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1241 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Monroe G. Brewster
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances E. Brewster
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased September 15, 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 22
If less than one day hr. min.

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

10. Usual occupation Retired Employee Creamery

11. Industry or business Creamery worker

12. Name Wm. Brewster
13. Birthplace Tenn
(City, town, or country) (State or foreign country)

14. Maiden name Nancy
15. Birthplace Unknown
(City, town, or country) (State or foreign country)

16. (a) Informant Frances Brewster
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 12-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director J. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 12-11-46 (b) W. J. Hagedorn M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1241 Summit Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December 7,
year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from
6 Dec. 1946 to 6 Dec. 1946
that I last saw him alive on 6 Dec. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac failure
Due to Arteriosclerotic heart disease
Due to Chronic bronchitis, 10 yrs.

Other conditions (Include pregnancy within 3 months of death)
Major findings: 930
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?

While at work? (Specify type of place) Means of injury
23. Signature J. Smith E. Smith (M. D. or other)
Address 4502 E. Commercial Date signed 10 Dec 46

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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

Ogle Slone Jr.

Licensed Embalmer No.

4176

P. O. Address

Springfield

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.