

No. 2
M-2-43
5-17-59
10-33897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43274

FILED JAN 7 1947

State File No. _____

Registration District No. 352

Primary Registration District No. 619.3

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Bural - Powersight
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Sedgewick
(c) City or town Wichita (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country: U.S.A. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GLADYS MARIE BREWER

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec. day 22 year 1946 hour 10:10 minute A.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Derrell B. Brewer 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased April 25 - 1912
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/22, 1946 to 12/22, 1946
that I last saw her alive on 12/22, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 7 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis Duration 1 day

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

Due to Pulmonary Tuberculosis 9 yrs.

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Emerald Chanel

Of autopsy _____

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

14. Maiden name Alma Booher

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

16. (a) Informant Derrell B. Brewer

(b) Address Powersight Mo.

17. (a) Removal (b) Date thereof 12/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita Taney

18. (a) Signature of funeral director R. O. Whitehead

(b) Address Drayton Mo.

19. (a) 12/22/46 (b) Sam Casswell
(Date received local registrar) (Registrar's signature)

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 Harry T. Evans (M. D. or other) M.D.

Address Drayton Mo. Date signed 12/23/46

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

RECEIVED

District Health Officer No. 6;

District File Number 1246-1268

Date Filed DEC 30 1946

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 Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Princeton

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. Jan
Registrar's No. 22

Registration District No. 352 Primary Registration District No. 6195

WRITE MAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jamez
(b) City or town Power Site
(c) Name of hospital or institution: Special
(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 Gladyz M. Brewer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Donald B. Brewer 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April 25 1913
(Month) (Day) (Year)

8. AGE: Years 34 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Power Site MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Earnest Chance

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Alma Boshier

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant David Brewer
(b) Address Power Site

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

(c) Place: burial or cremation Witchita Kans

18. (a) Signature of funeral director R. O. Whitchel
(b) Address Bramon
19. (a) _____ (b) J. E. Cogswell
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec Day 22 Year 1946 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12-22-46 to 12-22, 1946.
That I last saw him alive on 12-22, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Pulmonary tuberculosis
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 Harry T. Evans (M. D. or other) MD
Date signed 12-23-46

S-43274