

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23347

Registration District No. 32

Primary Registration District No. 4043

Registrar's No. 47

1. PLACE OF DEATH:
(a) County BOLLINGER
(b) City or town MARBLE HILL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 YEARS years, months or days

3. (a) PRINT FULL NAME ANTONIA BREWINGTON
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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 22 1853 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 0 6 hr. _____ min.

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

10. Usual occupation HWF

11. Industry or business _____

12. Name JOHN PRICE
13. Birthplace TENN. (City, town, or county) (State or foreign country)
14. Maiden name NANCY LEWELLEN
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant HARRY GRAY
(b) Address MARBLE HILL, Mo.

17. (a) BURIAL (b) Date thereof 6-30-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREDRICKSTOWN, Mo.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address LEWISVILLE Mo.

19. (a) 7-2-47 (b) Melvin H. Van Amburgh (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County BOLLINGER 9
(c) City or town MARBLE HILL 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 28 15
year 1947 hour 7:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 6/1/47
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Cardio renal disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 9/3/50
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 John J. Myers (M. D. or other) 2
Address Butteville Date signed 6/29/47

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

RECEIVED

District Health Officer No. 4
District File Number 747-925
Date Filed 7-19-47

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 _____

A. J. Baker

Licensed Embalmer No. 3573

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.