No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 5 1948
Registration District No. 234

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5866

State File No. 44707
Registrar's No.

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Myrtle (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 years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Myrtle (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ecklund L. Brewer
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha Brewer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 18 (Day) 1886 (Year)

8. AGE: Years 61 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Myrtle (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Joseph Brewer 0
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Jane Sisk
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Orville Dethrow
(b) Address Myrtle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Myrtle Cem.
18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.
19. (a) 2-20-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1947 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 1, 1947, to Sept 27, 1947, that I last saw him alive on Sept 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease of Myocardial Failure
Due to Arteriosclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations 93 P
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....
23. Signature C W Cooper (M. D. or other) MD
Address Thayer Mo Date signed 2-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Cooper.

R

Di... No. 5,

District File Number 348140

Date Filed 3-4-48

MAR 5 1948

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 .....

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.