S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1499

Registration District No. 136 — Primary Registration District No. 2001 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 703 N. Harlem (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. 703 N. Harlem 5 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry 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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 26 (Day) 1939 (Year)

8. AGE: Years 8 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Joplin, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Lewis D. Brewer 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Frances Scroggins
15. Birthplace Oklahoma 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frances Brewer
(b) Address 703 N. Harlem
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Missouri
19. (a) 1-15-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th year 1948 hour 7:35 minute A M.
21. I hereby certify that I attended the deceased from Did not attend, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to Death — Duration
Due to While asleep in Home
Due to House Burned to ground
Other conditions Ones Heated Stove
(Include pregnancy within 3 months of death)

Major findings:
Of operations 180-1
Of autopsy 15
Cassoreus Investigation

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) Accident 132
(b) Date of occurrence 1/15/48
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fire 2
23. Signature D.W. Dierfelt (M. D. or other) DO
Address 2114 Joplin Date signed 1/15/48

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

48-1-69

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin Mo

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.