

FILED MAR 1 1948 3

Registration District No.

Primary Registration District No. 3074

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home - Park ave apt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME PAUL EDWARD BREWER

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 489-05-8624

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fae 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Aug 17 1903
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Office Mgr for

11. Industry or business Cumpecker Construction Co.

12. Name Geo D. Brewer

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

14. Maiden name W. Lucy Plesson

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

16. (a) Informant Mrs Paul Brewer

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 2-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Mo

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Mo

19. (a) 2-20-48 (b) Wm. J. F. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. Park 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 Feb day 5 year 1948 hour 12 minute 08 P. M.

21. I hereby certify that I attended the deceased from Jan - 1946 to Feb 5 - 1948
that I last saw him alive on Feb 5 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis and acute Heart Failure Duration 1 wk.

Due to Hypertrophy of heart and chronic Valvular lesion 25 yrs
Due to Rheumatic fever. 25 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 938

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) (e) Means of injury _____

23. Signature W. J. F. Henry (M. D. or not) _____

Address Sikeston, Mo. Date signed 6 Feb 48

MAR 9 1945

RECEIVED

District Health Office No 2

District File Number

Date Filed

248-279

2-25-48

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 _____

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address _____

Lickerton 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.