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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8597

FILED MAR 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 941

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 110 East 65th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community since 1915
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 110 East 65th Terrace
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Sarah E. Brewer

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Robert H. Brewer

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased June (Month) 19 (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name Thomas Gordy
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Maddox
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera M. Young
(b) Address 110 E. 65th Ter., K. C., Mo.

17. (a) burial (b) Date thereof 2-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-1-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1948 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Dec - 47, 19..., to Feb. 26, 1948 that I last saw her alive on Feb. 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	10 days
Due to Probably ruptured gall bladder	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

While at work? Means of injury

23. Signature John O. Skinner (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 2-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. O. Skinner

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.