

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37083

State File No. _____

Registrar's No. _____

FILED DEC 8 1948
Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rest Home
Mrs A. R. Crume 1809 Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Polly Elizabeth Brewer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry P. Brewer
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased September 13 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Widders

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

14. Maiden name Louisa Gray

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

16. (a) Informant Mrs W. J. Allen

(b) Address Neosho, Mo. R#5

17. (a) Burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gipson, Cem. Neosho, Mo.

18. (a) Signature of funeral director Wm. Morris
(b) Address Wheaton, Mo.

19. (a) 12-1-48 (b) Ed D. James
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Neosho, Mo. R#5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1948 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from About 3 years ago
to 1947
that I last saw him alive on Dec 21
and that death occurred on the date and hour stated above.

Immediate cause of death Result of Furcher's
8 kids - 3 years ago
Bedriders since that time
Due to She did not believe in doctors.
The only doctor
Due to that saw her
She had heart attack Dec 21, 1947
Other conditions Saw her - Sincerely
(Include pregnancy within 3 months of death) Hollinsworth

Major findings:
Of operations _____
Of autopsy 150
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 0

23. Signature RC Jamison (M. D. or other) _____
Date signed 11/27/48

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

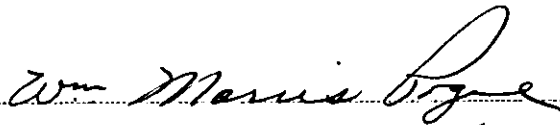
19
2
5

138-0

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.....

3442

P. O. Address.....

Wheaton 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.