

FILED OCT 22 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 336

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | |
| c. LENGTH OF STAY (in this place) 4 yrs. | | d. STREET ADDRESS (If rural, give location) 203 North Park | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 203 North Park | | | |

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| 3. NAME OF DECEASED a. (First) SARAH b. (Middle) ELIZABETH c. (Last) BREMNER | | | 4. DATE OF DEATH (Month) (Day) (Year) October 7, 1949 | | |
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|---------------|--|------------------------|--|--|--|-------------------------------|--|------------------------------------|--|--------------------------|--|-------------------------|--|------------|--|
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Oct. 5, 1894 | | 9. AGE (In years last birthday) 95 | | IF UNDER 1 YEAR Months 0 | | IF UNDER 24 HRS. Days 2 | | Hours Min. | |
|---------------|--|------------------------|--|--|--|-------------------------------|--|------------------------------------|--|--------------------------|--|-------------------------|--|------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | | 11. BIRTHPLACE (State or foreign country) Mac Minnville, Tennessee | | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | |
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| 13a. FATHER'S NAME Salmon Ellis | | | 13b. MOTHER'S MAIDEN NAME Rebecca Jane Webb | | | 14. NAME OF HUSBAND OR WIFE Andrew L. Bremner | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. E. R. MacMinn | | ADDRESS Cape Gir., Mo. | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4222 | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from August 3, 1948, to Oct 7, 1949, that I last saw the deceased alive on Oct 6, 1949, and that death occurred at 4:35 p.m., from the causes and on the date stated above. 1949

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| 23a. SIGNATURE (Degree or title) John Serove | | 23b. ADDRESS Cape Girardeau, Mo | | 23c. DATE SIGNED 10/8/49 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct 9, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo. | |
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| DATE REC'D BY LOCAL REG 10-9-1949 | | REGISTRAR'S SIGNATURE C. C. Summers | | 44 | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home | | ADDRESS Cape Gir., Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-17-49

Health Officer No. 4

File Number 1049-1356

1952

AUG 13 1952

AUG 12 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.