

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1946

Registration District No. 120

Primary Registration District No. 4199

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town McFall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 yrs years, months or days

3. (a) PRINT
FULL NAME

Pansom Brewer

3. (b) If veteran,
name war ✓

3. (c) Social Security
No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Artelie Brewer 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Aug 18 - 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 13 If less than one day
hr. min.

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

10. Usual occupation _____

11. Industry or business Farming

12. Name Tom Brewer
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name Sara Neil
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Marshall Collier
(b) Address McFall Mo
17. (a) Burial (b) Date thereof Apr 2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation McFall Mo

18. (a) Signature of funeral director Ed Brown
(b) Address Pattersonburg Mo
19. April 2-46 (Date received local registrar) Donna D. Thibet (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry
(c) City or town McFall Mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31
year 1946 hour 7:15 minute 7 A. M.
21. I hereby certify that I attended the deceased from March 28th
1946 to March 30th 1946
that I last saw him alive on March 30th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 1 day

Due to Intestinal Obstruction

Due to Heavy Eating & Drinking

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
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 B. Lee Shulhouse (M. D. or other) ✓
Address Box 207, Pattersonburg Date signed 4-1-46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *E. S. Granger*

Licensed Embalmer No. *2857*

P. O. Address *Pattonsburg 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.