

Registration District No. 102

Primary Registration District No. 4062

Registrar's No. 28

DEC 23 1939

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town AVYVASSE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 49-9-29 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Sarah Willa Brooks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 5. (c) Age of husband or wife if

7. Birth date of deceased - - - 1 - 1990
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace AVYVASSE (City, town, or county) (State or foreign country) 0

10. Usual occupation House Work 0

11. Industry or business _____ 0

12. Name Jacob White

18. Birthplace CALLAWAY (City, town, or county) (State or foreign country)

14. Maiden name Emma Marshall

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

18. (a) Informant's own signature Adura J. Albrecht

(b) Address _____

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation AVYVASSE

18. (a) Signature of funeral director W. H. Reynolds

(b) Address 1125 N. 3rd St.

19. (a) Dec 23 1939 (b) W. H. Reynolds (Date received local registrar) (Registrar's signature) 105

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Avyvasse
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1939 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 26
1939, to Nov 30, 1939.
that I last saw her alive on Nov 30, 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Cardiac Rhythm Arterio Sclerosis
Due to Hypertension

Due to _____
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 A. H. Doman (M. D. or other) Dr.
Address Avyvasse Mo Date signed Dec 23 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

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, above space should be left blank.