

DEAD MAY 20 1940
Registration District No. 49405

Primary Registration District No. 5922

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Northmore (Rural)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
 In this community 5 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Clay
 (c) City or town Northmore (Rural)
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ROSETTA BROOKS
 (b) If veteran, name war _____ (c) Social Security, No. _____

20. DATE OF DEATH: Month APR day 2
 year 1940 hour 12 minute 40 P.M.

4. Sex FEMALE **5. Color or race** W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William D. Brooks
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug 22 1877

21. I hereby certify that I attended the deceased from Mar 19 1940 to Mar 19 1940
 that I last saw her alive on Mar 19 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 7 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiac Failure
 Due to Cause unknown
DIAGNOSIS NOT MADE

9. Birthplace Kennett, Mo
10. Usual occupation House Wife
11. Industry or business Home
12. Name HENRY TAYLOR
13. Birthplace unknown
14. Maiden name NANNY SPARKS
15. Birthplace unknown

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. MARVIN H DAVIS
(b) Address North more
17. (a) _____ **(b) Date thereof** 4-4-40
(c) Place: burial or cremation King Hill Cem.
18. (a) Signature of funeral director E. O. Schaefer
(b) Address 602 S 11th St. North Mo.
19. (a) 5-1-40 **(b)** D. P. [Signature]

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature [Signature] **(M. D. or other)** _____
Address Northmore City **Date signed** 4/2/40

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 11,
District File Number 3-40-629
Date Filed MAY 6 1940

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.....

R. J. Werst.

Licensed Embalmer No.....

3876

P. O. Address.....

St. Joseph 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, above space should be left blank.