. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17971

Registration District No. 85 Primary Registration District No. 5127 Registrar's No. 545

1. PLACE OF DEATH:

(a) County Buchanan

(b) ~~City or town~~ (St. Joseph) Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (3601 Sylvania Street) R
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether)

In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town (St. Joseph) Rural - Washington
(If outside city or town limits write "RURAL")

(d) Street No. 3601 Sylvania
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Bessie May Brooks 620

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Andrew J. Brooks

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February (Month) 9, (Day) 1877 (Year)

8. AGE: Years 63 Months 3 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Junction City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business Own Home 1

FATHER
12. Name John Tamplin
13. Birthplace Junction City (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Dora House
15. Birthplace Junction City (City, town, or county) Kansas (State or foreign country)

16. (a) Informant A. J. Brooks

(b) Address 3601 Sylvania St. St. Jos. Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) May 14 1940 (Date received local registrar) (b) A J Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 6th, 1940, to May 11, 1940 that I last saw her alive on May 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	Several Years
Due to Tuberculosis of Bowels, Liver and Kidneys.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)

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While at work? (e) Means of injury

23. Signature Geo E Bingham (M. D. or other) 1

Address Kirkpatrick Bldg. Date signed 5/13/40

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

2-3331

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 W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

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.