

RECEIVED JUL 15 1940
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 152

1. PLACE OF DEATH: Osborne
(a) County
(b) City or town Rural Washington Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hall Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days 30
(Specify whether
In this community 20 days
years, months or days)

3. (a) PRINT FULL NAME Earnest A Brootts

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MA

6. (b) Name of husband or wife Unknown (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased ? (Month) ? (Day) 1867 (Year)

8. AGE: Years 73 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Salesman 9

11. Industry or business Unknown 9

12. Name Henry A Brootts 9

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

14. Maiden name Nellie Gouder (City, town, or county) (State or foreign country)

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

16. (a) Informant Hosp. Records

(b) Address State Hosp # 3

17. (a) Burial (b) Date thereof 6-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo.

18. (a) Signature of funeral director Ulmer Funeral Home

(b) Address Carthage, Mo.

19. (a) 6-18-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1940 hour 12 minute AM

21. I hereby certify that I attended the deceased from May 29th 1940 to June 18 1940
that I last saw him alive on June 17th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chc Myocarditis with Myocardial degeneration

Due to High Arteriosclerosis

Due to

Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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? 795
While at work? (Specify type of place) (e) Means of injury

23. Signature d. a. Hopkins (M. D. or other) 1

Address Nevada Mo Date signed 6/18

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

057098

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.