

Registration District No. 328

Primary Registration District No. 5459

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Grundy  
 (b) City or town Rural Trenton Mo  
 (c) Name of hospital or institution:  
Route 2, Trenton Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether years, months or days)  
 In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy  
 (c) City or town Trenton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12  
 year 1940 hour 7 minute 30 a. M.  
 21. I hereby certify that I attended the deceased from Sept 1  
1940, to Oct 12, 1940  
 that I last saw her alive on Oct 10, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic metastatic  
Tuberculosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 101

Duration 1 yr  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME LYDIA BROOKS  
 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 Widowed  
 6. (b) Name of husband or wife W. T. Brooks  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 27, 1868  
 (Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Grundy County, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER  
 12. Name John Bell  
 13. Birthplace Indiana Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Eliza Campbell  
 15. Birthplace Indiana Alabama  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carole Casbeer  
 (b) Address Trenton Mo Route 2

17. (a) Burial (b) Date thereof Oct 14, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Raymond Adams  
 (b) Address Trenton Mo

19. (a) 10-12-40 (b) Frederick Fair  
 (Date received local registrar) (Registrar's 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? \_\_\_\_\_ (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) (e) Means of injury \_\_\_\_\_

23. Signature Mary (M. D. or other) \_\_\_\_\_  
 Address Trenton Mo Date signed 10/12/40

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.....

*Robert B. Davis*

Registered Apprentice No. *212*

working under my personal supervision.

Signed.....

*Clifford Orey*

Licensed Embalmer No. *3473*

P. O. Address *Greentown MD*

**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.**