

Registration District No. 591

Primary Registration District No. 5989

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Corso Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 6 months years, months or days (Specify whether) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
(c) City or town Corso Mo (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.? Native born years.

3. (a) PRINT FULL NAME Charlotte E. Brooks

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April - 24 - 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 7 hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name Thomas B. Baman

13. Birthplace Black Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Smith

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

16. (a) Informant Mrs. Willard Pass  
(b) Address Corso Mo

17. (a) Removal (b) Date thereof Jan 2 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calidonia Mo

18. (a) Signature of funeral director Walter Pluhel  
(b) Address Milledgeville, Mo

19. (a) Dec 31 / 41 (b) Rich Rigg  
(Date received in local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from December 17 1940 to December 30 1940  
that I last saw her alive on December 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis  
Due to \_\_\_\_\_

Due to 171  
Other conditions Atherosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy No  
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? \_\_\_\_\_

521 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature O. H. Dameron (M. D. or other) 2/10  
Address Siles Mo Date signed 12-30-40

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

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**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 Clifford C. Tuttle

Licensed Embalmer No. 3059

P. O. Address Wellsville, N.H.

**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.**