FILED MAY 10 1941

S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16152

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 110

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

1. PLACE OF DEATH

(a) County Vernon

(b) City or town Rural (Washington Tp) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 1 mo. 2 days (Specify whether years, months or days)

In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2017 Chelsea (If rural, give location)

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

3. (a) PRINT FULL NAME Harry J Brooks

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Elsie E Sanford

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

7. Birth date of deceased Apr. (Month) 15 (Day) 1878 (Year)

8. AGE: Years 63 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business —

FATHER 12. Name Aurelius Brooks

13. Birthplace — (City, town, or county) Indiana (State or foreign country)

MOTHER 14. Maiden name Mollie Walker

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

16. (a) Informant Hosp. Records

(b) Address St Hosp #3 Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation Altamont Kansas

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

(b) Address Nevada, Mo

19. (a) April 8, 1941 (Date received local registrar) (b) Allen O. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1941 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from Apr 15, 1940, to Apr 7th, 1941, that I last saw him alive on 4/7/41, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-Pneumonia — Duration 48 days

Due to Arterio-sclerotic Heart disease — DK

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of 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)

While at work? (e) Means of injury

23. Signature L A Hopkins (M. D. or other)

Address Nevada Mo Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-802
Date Filed 5-7-41

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 Floyd R. Winnott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.