

REGISTRATION DISTRICT NO. 668

PRIMARY REGISTRATION DISTRICT NO. 3032

STATE FILE NO. _____

REGISTRAR'S NO. 282

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 417 E Rudy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 12 yrs.
 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 417 East Brewery
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
 year 1941 hour 8 minute 00 A. M.
 21. I hereby certify that I attended the deceased from May 2 1941 to Sept 13 1941
 that I last saw him alive on Sept 3 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary embolism
 Due to Coronary sclerosis
 Due to Chronic myocarditis
Chronic tubercular nephritis
 Other conditions: _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles Thomas Brooks
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Brooks
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased April 26 1872
 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 17
 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____
 12. Name Thomas B. Brooks
 13. Birthplace Morgan County Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Carol
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Brooks
 (b) Address Sedalia Mo

17. (a) Burial (b) Date thereof Sept 15, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mrs. Lauffer Bros
 (b) Address Sedalia Mo

19. (a) 9/15/41 (b) Mrs. H. Sneed
 (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) _____
 While at work _____ (e) Means of injury _____
 23. Signature Edwin S. Sneed (M. D. or other) _____
 Address Sedalia Mo Date signed 9-14-41

(Licensed Embalmer's Statement on Reverse Side)

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

7060

44

8 20 8

7 1941

3745
H.E. Brady

SEP 17 1941

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sealohi

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29073

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Secalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles T. Brooks

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

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

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

7. Birth date of deceased Apr 26 1872
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-15-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town Secalia
(If outside city or town limits, write "RURAL")
(d) Street No. 417 E. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

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?

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

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY 3

10-11-41

