

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35507  
Registrar's No. 272

Registration District No. 547 Primary Registration District No. 3029

14  
3  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal Mo.  
(c) Name of hospital or institution:  
2117 Gordon Street  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Marion  
(c) City or town Hannibal Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2117 Gordon St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rebecca Brooks  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 29  
year 1941 hour 5:15 a.m. minute \_\_\_\_\_ M.

4. Sex Female 5. Color of face Col  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Wm Brooks 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased: 8 (Month) 10 (Day) 1882 (Year)

21. I hereby certify that I attended the deceased from 9-26-1941 to 9-28-1941  
that I last saw her alive on 9-28-41 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 1 Days 19 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Myocarditis  
Toxemia  
Due to Pyelitis & Cholelithiasis  
Due to Faulty Elimination  
+ diet  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 932  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
9. Birthplace Palmyr Mo (City, town, or county) (State or foreign country)  
10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
12. Name Cyrus Adams  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name Mary Roach  
15. Birthplace Hannibal Mo (City, town, or county) (State or foreign country)  
16. (a) Informant Wm Brooks  
(b) Address 2117 Gordon St  
17. (a) Burial (b) Date thereof Feb 2-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial Robinson  
18. (a) Signature of funeral director Geo. E. Roberts  
(b) Address Hannibal Mo  
19. (a) 10-1-41 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

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 R. E. Long (M. D. or other)  
Address 209 Dawling St Date signed 9-30-41

**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. 2113  
working under my personal supervision.

Signed Guo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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, fact should be so stated above.**