

FILED JAN 20 1942

Registration District No. 427

Primary Registration District No. 5592

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town RURAL (Jackson Township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: not confined
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXX
72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harriett Elizabeth Brooks

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Aaron Brooks (dec'd)

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

7. Birth date of deceased: August 15 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>27</u>	hr. min.

9. Birthplace: unknown Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business housewife

12. Name Thomas Teagerell

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

14. Maiden name Susan Weich

15. Birthplace unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Bud Brooks

(b) Address Route #2, Kingsville, Mo.

17. (a) Burial (b) Date thereof 12/14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Cem, Elm, Mo.

18. (a) Signature of funeral director Goodman Funeral Home
Holden, Missouri.

(b) Address Holden, Missouri.

19. (a) Dec 14 1941 (b) Mrs. Fannie Morrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 12 Miles Northwest of Holden,
(If rural, give location) Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day December
year 1941 hour 1:20 minute A M.

21. I hereby certify that I attended the deceased from June 22
1940 to Dec 11, 1941;
that I last saw her alive on Dec 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio-sclerosis & Myocarditis

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature Kelly Rowlin (M. D. or other) _____
Address Holden Mo Date signed 12/14/41

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-16-42

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

Samuel B. Pope

Licensed Embalmer No.

4044

P. O. Address

Holden, 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.