

No. 2  
4-13-73  
5-1  
-423199

JAN 14 1942

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Lawrence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Quinn Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 1 week  
In this community years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Verona, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 3/4 mi N.E. Merrett  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14  
year 1941 hour 1 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Dec 13  
1941, to Dec 14, 1941;  
that I last saw her alive on Dec 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Adeno. carcinoma  
Duration approx 2 1/2 yrs

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 Callaway, M.D. (M.D. or other) D.O.  
Address Merrett, Mo. Date signed 12-14-41

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

3. (a) PRINT FULL NAME Mary Minerva Jane 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 2

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

7. Birth date of deceased June 2 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 6 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name James Golding

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

14. Maiden name Esther Manis

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

16. (a) Informant Mrs. Vicie Vartuy

(b) Address Verona

17. (a) burial (b) Date thereof 12/16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Callaway

(b) Address Merrett, Mo.

19. (a) 12/14/41 (b) R. D. Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 142-97

Date Filed JAN 12 1942

2  
-8-17  
X I

STATE  
B. VICK HA.

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.....

*J. P. Buchanan*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. P. Buchanan*  
.....  
Licensed Embalmer No. 3179

P. O. Address *Monett 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42342  
Registrar's No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Laurora  
(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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary M. J. Brooks

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

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

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

7. Birth date of deceased June 2 1894  
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_  
Year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Due to Adeno Carcinoma of bronchus colon

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature E. G. Smith (M. D. or other) \_\_\_\_\_  
Address Monett, Mo. Date signed 2/3/42

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

MOTHER FATHER

SUPPLEMENTARY

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

1942-1943

1. The first part of the report discusses the general situation of the country and the progress of the war. It mentions the importance of the military and the role of the government in maintaining order and stability.

2. The second part of the report deals with the economic situation. It notes the challenges faced by the government in managing the economy during these difficult times, including inflation and shortages of goods.

3. The third part of the report focuses on the social and cultural aspects of the country. It describes the impact of the war on the population and the efforts being made to maintain social cohesion and cultural heritage.

4. The fourth part of the report provides a summary of the findings and recommendations. It emphasizes the need for continued cooperation and support from the citizens to overcome the challenges ahead.