

FILED JAN 22 1942

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 130

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

1. PLACE OF DEATH:  
 (a) County Mississippi Township, Mo.  
 (b) City or town Charleston (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 mile northeast of Charleston.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Calvin Brooks

8. (b) If veteran, name war XXX 3. (c) Social Security No. 489-18-6994

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florene Brooks 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased May 1 1911  
(Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Compress Worker

11. Industry or business XXX

12. Name Sylvester Brooks

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

14. Maiden name Mattie Smith

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

16. (a) Informant Sylvester Brooks

(b) Address Charleston, Mo. Gen. Del.

17. (a) Burial (b) Date thereof 12/19/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Walter Hunseler

(b) Address Charleston, Missouri

19. (a) 12-21-41 (b) J. J. Varnum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Mississippi  
 (c) City or town Charleston, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mile northeast of Charleston  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 19  
 Year 1941 Hour 4 Minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Tuberculosis Duration 12 mo

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 Paul St. James (M. D. or other) \_\_\_\_\_

Address Charleston Mo Date signed 12/19/41

RECEIVED

District Health Office No. 2

District File Number 142-807

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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42517  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 566

Primary Registration District No. 5762

1. PLACE OF DEATH: Mississippi Rural  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(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 John C. Brooks  
3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race B 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 May 1 1941  
(Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days \_\_\_\_\_  
(If less than one day \_\_\_\_\_ min.)

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

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

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

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_ (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 dec day \_\_\_\_\_  
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 \_\_\_\_\_

Due to Tuberculosis Lungs  
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 A. Bauer (M. D. or other) \_\_\_\_\_  
Address Choulton, Mo Date signed 7/1/42

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

SUPPLEMENTARY

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

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the courts in resolving disputes. It explains how the courts use the evidence gathered from the data to make decisions, and the importance of having a clear and concise record of the facts.

4. The fourth part of the document discusses the role of the government in regulating the financial system. It explains how the government uses its power to enforce laws and regulations, and the importance of having a strong and effective regulatory framework.

5. The fifth part of the document discusses the role of the private sector in the financial system. It explains how the private sector provides the services and products that are essential for the economy, and the importance of having a strong and competitive private sector.

6. The sixth part of the document discusses the role of the public sector in the financial system. It explains how the public sector provides the services and products that are essential for the economy, and the importance of having a strong and effective public sector.

7. The seventh part of the document discusses the role of the international community in the financial system. It explains how the international community works together to address global financial issues, and the importance of having a strong and effective international community.

8. The eighth part of the document discusses the role of the future in the financial system. It explains how the future will shape the financial system, and the importance of having a strong and effective future.