No. 2
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5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10593

Registration District No. 204 Primary Registration District No. 4124 Registrar's No. 12

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 54 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON

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

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ALFRED BROOKS.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

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

7. Birth date of deceased JAN (Month) 15 (Day) 1849 (Year)

8. AGE: Years 93 Months 1 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMING.

11. Industry or business .....

FATHER
12. Name ~~BR~~ UNKNOWN
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SALINA BROOKS
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant G. G. Cook
(b) Address LAWSON MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 9. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Lathrop. Mo.

18. (a) Signature of funeral director DeMOSS CRUNK
(b) Address LATHROP. MO

19. (a) MAR. 10. 1942 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8th year 1942 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from Mar. 5 to Mar. 8 1942 that I last saw in alive on Mar. 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to .....

Due to .....

Other conditions 33a
(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.

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 F. J. Longfield (M. D. or other)
Address Lathrop, Mo. Date signed 3/8/42

1054

(Licensed Embalmer's Statement on Reverse Side)

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

Was NOT., Registered Apprentice No.

working under my personal supervision.

Signed Lee Max Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.