

FILED MAY 6 1942

Registration District No. 221

Primary Registration District No. 5302

1. PLACE OF DEATH:

(a) County Cooker
(b) City or town Rural Otterville Twp.
(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 46 years
years, months or days)

3. (a) PRINT FULL NAME THOMAS HENRY BROOKS

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

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Pauline Brooks
6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased June 10 - 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 21
If less than one day hr. min.

9. Birthplace Allentown Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Isaac Brooks

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

14. Maiden name Ann

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Brooks

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 4-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of general director T. G. Parker

(b) Address Otterville, Mo.

19. (a) Apr 2 - 1942 (b) Mrs W W Roben
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooker
(c) City or town Rural Otterville
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 31 day March
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941
to Mar 31, 1942
that I last saw him alive on Mar 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
Due to Duration 2 yrs

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death) 93d

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 0

23. Signature T. H. Fogle (M. D. or other) 0

Address Otterville, Mo. Date signed 3/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-5-42

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.....

myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville 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.