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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7410

State File No.

LED MAR 8 1943

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 1891

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

1. PLACE OF DEATH:
(a) County RIPLEY
(b) City or town DONIPHAN,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ON HIGHWAY "14" TWO MILES EAST. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RIPLEY 91
(c) City or town DONIPHAN. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NATIVE BORN (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ADE BROOKS.
3. (b) If veteran, PVT.353 Inf.89th Div. (c) Social Security
name war W.W.#1. No. 489-12-3406

4. Sex MALE
5. Color or race WHITE.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AUDREY SMITH.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased FEB. (Month) 13. (Day) 1892. (Year)

8. AGE: Years 51. Months -- Days 15 If less than one day hr. min.

9. Birthplace Ripley Co. (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation MINER.
11. Industry or business AND TIMBER WORKER.
FATHER
12. Name ZENAS BROOKS.
13. Birthplace (City, town, or county) MO. 0 (State or foreign country)
MOTHER
14. Maiden name ELIZ. HALL.
15. Birthplace (City, town, or county) MO. 0 (State or foreign country)
16. (a) Informant AUDREY BROOKS.
(b) Address DONIPHAN, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43. (Month) (Day) (Year)
(c) Place: burial or cremation OAK RIDGE CEMETERY.
18. (a) Signature of funeral director H. Jordan
(b) Address Doniphan, Mo.
19. (a) 3-3-43 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 28. year 1943. hour 12:15 minute A. M.
21. I hereby certify that I viewed the deceased from on , 19 , to Feb. 28 , 1943; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death crushed cranium and broken neck

Due to Wheel of truck passing over head and neck

Due to

Other conditions
(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.

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21

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 0791
(b) Date of occurrence Feb. 28, 1943
(c) Where did injury occur? 2 miles east of Doniphan (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 14 east of Doniphan, Mo (Specify type of place)
While at work? (e) Means of injury
23. Signature Edw. Adamson 3 (M. D. Coroner)
Address Doniphan, Mo Date signed 3-3-43

Copies
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(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1948

JUL 2 1948

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 J. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan, 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.