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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10214**

APR 10 1943

Registration District No. **121**

Primary Registration District No. **4200**

Registrar's No. **5**

39
1
0

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

1. PLACE OF DEATH:

(a) County **Duane**

(b) City or town **Lane Oak Grove**
(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 **20 yrs or more** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Duane**

(c) City or town **Ash Grove**
(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 **William Mack Brooks**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **24**
year **1943** hour _____ minute _____ M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rebecca Brooks** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased: **4** (Month) **4** (Day) **1878** (Year)

21. I hereby certify that I **Saw** the deceased from **on March 24th** 19**43**, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

65 **11** **7** _____ hr. _____ min.

Immediate cause of death **He was found Dead in bed on 3-24-1943** Duration _____

Due to **most probably a coronary occlusion**

Due to _____

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **none**

Of autopsy **none**

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **William Brooks**

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

14. Maiden name **Carolina**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rebecca Brooks**

(b) Address **Ash Grove, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-26-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Johns Chapel Cemetery**

18. (a) Signature of funeral director **Monie L. Linnard**

(b) Address **Ash Grove, Mo.**

19. (a) **3-26-43** (Date received local registrar) (b) **J. D. Birch** (Registrar's signature)

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 **Charles H. McHaffie** (M. D. _____) (M. D. _____)

Address **Ash Grove, Mo.** Date signed **3-25-43**

440

1204

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 13-4-28

Date Filed 4/8/43

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

Frank C. Morris

Licensed Embalmer No.

2055

P. O. Address

Cash Grove 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.