

V. S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 15 1943

Registration District No. _____

Primary Registration District No. 6035

Registrar's No. 1901

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

1. PLACE OF DEATH:
 (a) County Ripley
 (b) City or town Jordan Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home Rural
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 15 Years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ripley
 (c) City or town Twp. Jordan
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MATTIE JANE BROOKS.

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife JOHN E. BROOKS. 6. (c) Age of husband or wife if deceased DECEASED. years
 7. Birth date of deceased DEC. 8, 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Cumberland City, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife.

MOTHER FATHER {
 12. Name unknown
 13. Birthplace 11 (City, town, or county) (State or foreign country)
 14. Maiden name 11
 15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant William F. Brooks, (Son).

(b) Address Doniphan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Brooks Cem. (Local)

18. (a) Signature of funeral director E. Jordan

(b) Address Doniphan, Mo.

19. (a) 4/27/43 (Date received local registrar) (b) E. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1-1 to 4-25, 1943

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to lobar pneumonia

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)

23. Signature Clifford G. Jordan M. D. or other _____ M. D.

Address Doniphan, Mo. Date signed Apr. 26-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 543323

Date Filed 5-13-43

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 J. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Douglas

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.

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