

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15661

FILED MAY 3 1943

Registration District No. 312

Primary Registration District No. 6153

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 44
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁶³

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

(d) Street No. near Bell City
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Wiley Brooks

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 30
1943 to April 23 1943;
that I last saw him alive on April 14 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Brooks

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 9, 1868
(Month) (Day) (Year)

Immediate cause of death Ulcer of the stomach

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>14</u>	hr. min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 117a

9. Birthplace Mounts Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Washington Brook

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Maie Brooks

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alice Brooks

(b) Address Bell City Mo.

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 _____

17. (a) Burial (b) Date thereof Nov. 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery near Bell City, Mo.

18. (a) Signature of funeral director W. S. Marshall

(b) Address Advance, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature C. O. Bennett (M. D. or other)

Address Bell City, Ind. Date signed 4/28/43

1134

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Lloyd S. Morgan, Registered Apprentice No.
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. *3360*

P. O. Address *Advance, M*

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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