

S. No. 2
M-5-42
7-5-17-39
1 X3285

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22040

State File No. _____

Registrar's No. 12

LED JUL 3 1943

Registration District No. 2201

Primary Registration District No. 4346

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City, Mo
(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 _____ (Specify whether)
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STEPHSON E BROOKS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1943 hour 8 minute 25 p.m.

21. I hereby certify that I attended the deceased from April 1937, to June 3 1943
that I last saw him alive on June 3 1943
and that death occurred on the date and hour stated above

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, divorced, MARRIED
6. (b) Name of husband or wife MINNIE E BROOKS 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 20 1872
(Month) (Day) (Year)

Immediate cause of death Coronary Atherosclerosis and Chronic Myocarditis
Duration 6 yrs

8. AGE: Years 71 Months 2 Days 13 If less than one day hr. _____ min. _____

Due to Chronic Nephritis 6 yrs
Due to Chronic Prostatitis 6 yrs

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

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

10. Usual occupation Farmer + Carpenter

Major findings: Of operations _____

11. Industry or business Stephson E Brooks

Of autopsy _____

12. Name Stephson E Brooks

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

14. Maiden name Julia Hutz

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

16. (a) Informant Mrs Minnie E Brooks

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof June 5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Montgomery City Mo

19. (a) June 5-43 (b) Mrs C. G. Haudaver
(Date received local registrar) (Registrar signature)

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 E. J. T. Anderson M.D. (M. D. or other) MD
Address Montgomery City, Mo Date signed 6/2/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

70
1
0

X

1061

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 Joseph A. Maslow
Licensed Embalmer No. 3658
P. O. Address Montgomery City

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.