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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 12129

Primary Registration District No. 3043

Registrar's No. 248

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Lewisburg Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 2 days 0
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. 320 Mark Twain
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alvin Brooks

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1943 hour 11 minute 30 A. M.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced not known

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased not known
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 20
1943 to Aug 26 1943

that I last saw him alive on Aug 26 1943
and that death occurred on the date and hour stated above.

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

About 75 hr. min.

Immediate cause of death Arteriosclerotic Heart Disease

Duration 12/2

9. Birthplace not known
(City, town, or county) (State or foreign country)

10. Usual occupation not known

Other conditions Arteriosclerotic Kidney
(Include pregnancy within 3 months of death)

PHYSICIAN 0

11. Industry or business 0

12. Name not known

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

14. Maiden name not known

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

Major findings: none

Of operations none

Of autopsy none

16. (a) Informant Mrs. Mabel Mooney

(b) Address Lewisburg Hospital, Hannibal

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Aug 27, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Princeton Cemetery

18. (a) Signature of funeral director Ray O. Schwartz

(b) Address 1070 Adams, Hannibal, Mo.

19. (a) Sept 7, 1943
(Date received local registrar)

(b) W. Connor
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature 0 (M. D. or other)

Address 0 Date signed 9/9/43

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 Ray P. Schwart
Licensed Embalmer No. 1765
P. O. Address 1770 Bldg, Hammond, La.

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.