

FILED JAN 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

Registrar's No. **342**

1. PLACE OF DEATH:

(a) County **Adair**  
 (b) City or town **Herskull**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Laughlin Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 days**  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **scotland**  
 (c) City or town **Memphis**  
 (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 **Henry Albert Brookhart**

3. (b) If veteran, name war **no** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Ethel May Brookhart** 6. (c) Age of husband or wife if alive **60** years  
 7. Birth date of deceased **July 26 1878**  
 (Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Geo Washington Brookhart**  
 13. Birthplace **Ohio**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Nancy Barrow**  
 15. Birthplace **Ohio**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ruth Jones**

(b) Address **Memphis, mo**

17. (a) **Memphis** (b) Date thereof **1-6-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis mo**

18. (a) Signature of funeral director **J. D. Payne**

(b) Address **Memphis**

19. (a) **1/5/44** (b) **Mrs. J. D. Payne**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4**  
 year **1944** hour **12** minute **57 P.M.**

21. I hereby certify that I attended the deceased from **December 30** 19**43**, to **January 4** 19**44**  
 that I last saw him alive on **January 4** 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Chronic Nephritis and Hypertension** **2 yrs.**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131 R**

Of autopsy \_\_\_\_\_

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 **2**

23. Signature **Joyce Guzman** (M. D. or other) **Del.**

Address **Hillsville, Mo** Date signed **1/4/44**

1056

RECEIVED

District Health Officer No. 10

District File Number 1-44-34

Date Filed JAN 7 1944

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 *M. Payne*  
Licensed Embalmer No. 2196  
P. O. Address Wilmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.