S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20987

Primary Registration District No. 3050

Registrar's No. 53

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near COUNTY COURT HOUSE - ADJACENT PROPERTY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 30 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. Edwards Addition
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN BROOKS
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 ROSIE RILEY - BROOKS
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased OCT. (Month) 8 (Day) 1899 (Year)

8. AGE: Years 45 Months 7 Days 29 If less than one day hr. min.

9. Birthplace PORTAGEVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation LABORER
11. Industry or business MAINTAINANCE
FATHER 12. Name JIM BROOKS
FATHER 13. Birthplace TRENTON (City, town, or county) TENN. (State or foreign country)
MOTHER 14. Maiden name KATTIE BELL
MOTHER 15. Birthplace PORTAGEVILLE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Rosie Brooks
(b) Address CARUTHERSVILLE, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/9/1945 (Month) (Day) (Year)
(c) Place: burial or cremation CARUTHERSVILLE, Mo.
18. (a) Signature of funeral director W. S. Smith Funeral Home
(b) Address CARUTHERSVILLE, Mo.
19. (a) 6-8-1945 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun. day 7 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death in a house in the Rear of the Courthouse this body was found [redacted]
Due to To the extent it could not be identified
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) accident
(b) Date of occurrence 6-7-45
(c) Where did injury occur? Caruthersville Pemiscot Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Burn
23. Signature Jack Kelly (M.D. or other) Coroner
Address Hayti Mo. Date signed 6-7-45

(Licensed Embalmer's Statement on Reverse Side)

6-45-142

JAN 2 1947

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 Specific Treatment, Registered Apprentice No. ....., working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P.O. Address Carrthersville, Mo.

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.