

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39328**  
Registrar's No. **123**

FILED DEC 11 1946

Registration District No. **337**

Primary Registration District No. **6145**

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

1. PLACE OF DEATH:

(a) County Shelby

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

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

(d) Length of stay: In hospital or institution 12 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Lakenan  
(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 James David Brooks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th  
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15 1946 to Nov. 30 1946;  
that I last saw him alive on Nov. 30 1946;  
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 Widowed

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

7. Birth date of deceased October 27th 1863  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia  
Duration 10 days

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 1 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

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 R. L. Caldwell, D.O.  
(M. D. or other)  
Address Shelby Mo Date signed Dec 4/46

MOTHER FATHER {

11. Industry or business Farming

12. Name George Brooks

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

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy J Brooks

(b) Address Lakenan Mo

17. (a) Burial (b) Date thereof 12/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Mo

18. (a) Signature of funeral director Million & Barkelew

(b) Address Shelby Mo

19. (a) Dec 5-46 (b) Ruth Jayner  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 10  
District Health Officer No. 10  
District Health Officer No. 10  
Date Filed DEC 10 1946

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 Henry A. Parkeland

Licensed Embalmer No. 3835

P. O. Address Shelburne Vt.

**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.