

Registration District No. **107** Primary Registration District No. **3019**

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

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Kennett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
813 - No. Main  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Kennett  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 813 - No. Main  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Barbara Jean Brooks  
 (b) If veteran, name war no  
 (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 1  
 year 1947 hour 11:42 minute P. M.  
 21. I hereby certify that I attended the deceased from March  
1, 1947, to March 1, 1947  
 that I last saw her alive on March 1, 1947  
 and that death occurred on the date and hour stated above.

4. Sex F  
 5. Color or race negro  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death:  
Bacillary Dysentery 4 days  
 Due to Infected Food

7. Birth date of deceased: June 26, 1946  
 (Month) (Day) (Year)  
 8. AGE: Years 0 Months 8 Days 3-  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Kennett Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation none

11. Industry or business none  
 12. Name Cleveland Brook  
 13. Birthplace Haiti Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Marion Bivett  
 15. Birthplace Marlton, Ark.  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Oliver Brooks  
 (b) Address Kennett, Mo.  
 17. (a) Burial (b) Date thereof 3/5/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Ridge

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature George Gilmore, D.O.  
 (M. D. or other)  
 Address Kennett 720 Date signed 3-6-47

18. (a) Signature of funeral director Paul Johnson  
 (b) Address Kennett, Mo.  
 19. (a) 3-7-1947 (b) Carl Hubbard  
 (Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No.

District File Number 247-3

Date Filed 3-28-4

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

Heber F. Leonard

, Registered Apprentice No. 415

working under my personal supervision.

Signed J. Babson

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.**