

S. No. 2  
M-5-43  
-5-17-39  
P 1 X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16375

State File No. \_\_\_\_\_  
Registrar's No. 87

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Audrain Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether  
In this community Unknown (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Mexico (If outside city or town limits, write "RURAL")  
(d) Street No. 1004 S. Olive St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary L. Brooks  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Selden Brooks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 11  
year 1947 hour 9 minute P. M.  
21. I hereby certify that I attended the deceased from Feb. 5  
1946 19\_\_\_\_, to May 11 1947;  
that I last saw her alive on May 11 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 yr.  
Due to Senility

8. AGE: Years Months Days If less than one day  
About 86 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 93D

9. Birthplace Boone County, Missouri  
(City, town, or county) (State or foreign country)

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

10. Usual occupation None

11. Industry or business

12. Name Washington LaForce

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

14. Maiden name Pheraba Wright

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

16. (a) Informant Mrs. R. B. Carroll  
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 14, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Smith  
(b) Address Mexico, Mo.  
19. (a) 5/14/47 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature O. L. Yarnes (M. D. or other) \_\_\_\_\_  
Address Mexico, Mo. Date signed 5/12/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 70  
Case File Number 6-47-291  
DOB FILED MAY 21 1941

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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. †