S. No. 2
—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1947

Registration District No. 144

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34352

Primary Registration District No. 4234

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: 0
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 15 miles west of Belleview 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Gary David Brooks

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 28 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Banner Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Claude Brooks

13. Birthplace Bixby Missouri (City, town, or county) 0 (State or foreign country)

14. Maiden name Alice Neff

15. Birthplace Bunker Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Claude Brooks

(b) Address Banner Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Courtois Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address N. S. White Ironton Missouri

19. (a) 10-12-47 (Date received local registrar) (b) Avis Jones (Registrar's signature) 12 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1947 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from 10-5-47, 19__, to 10-6-47, 19__; that I last saw him alive on 10-6-47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute bilateral bronchial pneumonia	1 day
Due to acute naso-pharngitis	?
Due to acute catarral jaundice	?
Other conditions secondary anemia (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 0
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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature R. E. Farland M. D. (M. D. or other)

Address Ironton, Mo. Date signed 10-6-47

(Licensed Embalmer's Statement on Reverse Side)

[illegible]D

[illegible]lth Officer No. 4

[illegible]ct File Number 1047-132

Date Filed 10-16-47

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 Ancel J. White

Licensed Embalmer No. 8012

P. O. Address Trenton 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.