S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 165

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5611

State File No. 9218

Registrar's No.

1. PLACE OF DEATH:
(a) County Johnson County, Mo.
(b) City or town Leeton, (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 30 Years. (Specify whether years, months or days)
In this community 30 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Leeton, Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Stella Annice Brooks
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Squire E. Brooks,
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December 22, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	3	1	hr. min.

9. Birthplace High Point Moniteau, Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name James Wade Gracey
13. Birthplace Moniteau, County, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Elizabeth Hinget
15. Birthplace Moniteau, County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. S. E. Brooks, Husband.
(b) Address Leeton, Missouri.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Otterville, Missouri.
18. (a) Signature of funeral director R. A. Brunnigar
(b) Address Warrensburg, Mo.
19. (a) Mar 25 48 (Date received local registrar) (b) Mamie Hankins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd. year 1948 hour 11 minute 20 Am M.
21. I hereby certify that I attended the deceased from June, 1943 to March 23rd. 1948 19..; that I last saw her alive on March 23rd. 1948 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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)
While at work? (e) Nature of injury 0
23. Signature (M. D. or other)
Address Leeton, Missouri, 3-25-48 Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1954

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed R A Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.