

Registration District No. 391

Primary Registration District No. 63-5-36/53

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Stoddard Pike
(b) City or town: rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: ALICE HARVEY BROOKS
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married or divorced: Widowed
6. (b) Name of husband or wife: John Brooks 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Dec 2, 1874 (Month) (Day) (Year)

8. AGE: Years: 73 Months: 3 Days: 13 If less than one day: _____
(hr. min.)

9. Birthplace: Hamilton Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry of business: _____

MOTHER FATHER { 12. Name: John Patterson Rodgers
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Emmie Parker
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. David Wheeler
(b) Address: Bell City, Mo.

17. (a) Burial (b) Date thereof: Mar. 17, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Deasant Grove Cem.

18. (a) Signature of funeral director: Walter S. Norman
(b) Address: Adair, Missouri

19. (a) 6-20-48 (b) Bessie Moore (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Mar. day: 15 year: 1948 hour: 5 minute: 50 A.M.
21. I hereby certify that I attended the deceased from _____, 1940, to March 15, 1948; that I last saw her alive on March 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
arteriosclerotic smelly

Due to _____
Due to _____

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

Major findings: 830
Of operations: _____
Of autopsy: _____

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: 2

23. Signature: E. C. Master (M. D. or other) Do.
Address: Adair, Mo. Date signed: 3-22-48

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

RECEIVED

District Health Office No. 2,

District File Number 742-849

Date Filed 7-12-41

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.....

William H. Morgan, Registered Apprentice No. 208
working under my personal supervision.

Signed Wesley S. Morgan

Licensed Embalmer No. 3561

P. O. Address Advance, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.