FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 22189

Registrar's No. 840

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 705 Blake St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Ringgold 999
(c) City or town Kellerton 13
(If outside city or town limits, write "RURAL")
(d) Street No. Kellerton 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Perry Oliver Brooks
3. (b) If veteran, name war No
3. (c) Social Security No. 707-09-6268
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Brooks
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 14, 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	68	4	20	..... hr. ..... min.

9. Birthplace ~~XXXXXXX~~ Leon, Iowa Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired section foreman
11. Industry or business C. B. & Q. R. R.

FATHER
12. Name Joseph Brooks
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jones
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Brooks
(b) Address Kellerton, Iowa
17. (a) Removal (b) Date thereof 8/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kellerton, Iowa
18. (a) Signature of funeral director CLARK FUNERAL HOME Ema Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) 8-9-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1948 hour 12 minute A M.
21. I hereby certify that I attended the deceased from Aug 4, 1948 to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 946

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) Means of injury 0
23. Signature B. W. Tadlock (M. D. or other)
Address Kring Hill Bldg St-Joseph, Mo Date signed 8/5/48

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

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.....

Licensed Embalmer No. 4238.....

P. O. Address.....

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.