

WRITE CLEARLY - USE WRITING BLACK INK - MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40276

State File No. _____

Registrar's No. 78

Dr. Albert Martin
Registration District No. 627

Primary Registration District No. 4334

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, Mo.
(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 _____ (Specify whether _____)

In this community 19 yrs. (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME DAVE BROOKS. 620

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1939 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 193, to Nov. 12, 1939, that I last saw him ms alive on Nov. 12, 1939 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 5 years 1865

7. Birth date of deceased Aug. 22, (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 10 minutes

Due to _____

Due to stroke

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

8. AGE: Years 74 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Mississippi Co. Missouri (City, town or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Markerson

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

14. Maiden name Unknown

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

Major findings: Of operations ✓

Of autopsy ✓

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

16. (a) Informant's own signature Leonard Brooks

(b) Address East Prairie, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation W.P.W. cemetery

23. Signature A. J. Martin (M. D. or other) _____

Address East Prairie, Mo. Date signed 12/5/39

18. (a) Signature of funeral director W. W. C. C. C.

(b) Address East Prairie, Mo.

19. (a) Nov. 12, 1939 (Date received local registrar) (b) M. D. M. D. D. (Registrar's signature)

RECEIVED

District Health Officer No. 4

District File Number 1239-4454

Date Filed 12-13

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.....

working ~~under~~ my personal supervision.

Registered Apprentice No.

Signed Travis M. Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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, above space should be left blank.