

FEB 21 1940

State File No. _____

Registration District No. 293

Primary Registration District No. 4177

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin County
(b) City or town Pacific Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs _____ (Specify whether)
years, months or days 670

8. (a) PRINT FULL NAME Nathan Brooks

8. (b) If veteran, name war World War 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 8 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Charterfield Mo (City, town, or county) (State or foreign country)

10. Usual occupation Rubber Compressor

11. Industry or business _____

12. Name Mr. Knowlton

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

14. Maiden name _____

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

16. (a) Informant Harvey Brooks (b) Address Pacific Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Arthur B. ... (b) Address 3644 ...

19. (a) 2-14-40 (b) Mary A. Gross (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Pacific
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th 1940
year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1939 to Feb 13, 1940
that I last saw him alive on Feb 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to ✓ 1 1/2 years

Due to ✓ 2 1/2

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

Major findings: 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 ✓

23. Signature W. E. ... (D. or other)

Address Pacific Mo. Date signed 2-14-40

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

6
4

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fenwick

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.