V. S. No. 2
50M—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6009

Registration District No. FILED MAR 11 1940

Primary Registration District No. 1001

Registrar's No. 211

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

1. PLACE OF DEATH: 2

(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:
2306 Golf Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 2306 Goff Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME 620 Rachel Brooks

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Isaac N. Brooks

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March (Month) 10 (Day) 1852 (Year)

8. AGE: Years 87 | Months 11 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace Chesterhill (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name John Faucett
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ruth Ann Maris
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs C W Parsons

(b) Address 2306 Goff Avenue, St. Joseph

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Feb 26, 1940 (Date received local registrar) (b) A. J. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1940 hour 8 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan 1st 1940, to Feb 23, 1940 that I last saw her alive on Feb. 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 2 Months

Due to 94 W

Due to

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

Major findings:
Of operations

Of autopsy no

PHYSICIAN — Underline the cause to 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

23. Signature 85 B. W. Tadlock (M. D. or other)

Address King Hill Building St. Joseph, Missouri Date signed 2/26/40

(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 W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

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.