

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(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 70 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg
(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 Cliven Brooks 620

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept - 26 - 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>3</u>	<u>yr.</u> min.

9. Birthplace Brooksbury Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Chas Brooks

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

14. Maiden name Mrs Wm James

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

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

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof May 31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo 301

19. (a) May 31-1941 (b) Cover Bentley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1940 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from May 28th
at 10:30 AM, 1940, to May 28th 1:50 PM, 1940;
that I last saw him alive on May 28th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble or
brain trouble + fall from ladder
on building.

Duration 3 1/2 hrs.

Due to Not known

Due to _____

Other conditions _____
(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) Fall from building.

(b) Date of occurrence May 28th 1941

(c) Where did injury occur? Wahating Johnson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public: home at work.
While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature OB Hall M.D. (M. D. or other)
Address Warrensburg Mo. Date signed 6/15/41

WHILE I TRAVEL - USE CONTINUING BLACK INK - MAKE A PERMANENT RECORD

1 X19311

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-5-40

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.....

Earl Priest Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.