

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

yates
26525

Registration District No.

875

Primary Registration District No.

6660

Registrar's No.

173

1. PLACE OF DEATH:

- (a) County Vernon
 (b) City or town Rural (Center) A
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Center township
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
- In this community _____
 years, months or days

3. (a) PRINT
FULL NAMEHarriet Cathrine Brooks ⁶²⁰

8. (b) If veteran,

name war no

8. (c) Social Security

No. none

4. Sex

F5. Color or
race W6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

John Brooks

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Sept 22, 1866
(Month) (Day) (Year)

8. AGE:

73

Months

9

Days

17

If less than one day

hr. _____ min.

9. Birthplace

Waverly

(City, town or county)

Ill.

(State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

Home

12. Name

Joseph Benson

13. Birthplace

King City

(City, town or county)

Indiana

(State or foreign country)

14. Maiden name

Harriet Cathrine Byer

15. Birthplace

Uniontown

(City, town or county)

Ill.

(State or foreign country)

16. (a) Informant

L. D. Roberts

(b) Address

R. F. 2 No 3 Nevada Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7/11/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Calvary Cemetery

18. (a) Signature of funeral director

Ferris Funeral Home

(b) Address

Nevada, Mo19. (a) 7-18-40

(Date received local registrar)

(b)

Allen T. Hays

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Vernon
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Center township Rt. # 3
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1940 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from

11/11/40 to 7/19, 1940
that I last saw him alive on 7/11/40
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Due to

Cerebro Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
795 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature

J. M. Yates

(M. D. or other)!

Address

Nevada, Mo

Date signed

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

8-40-1134

8-9-40

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 L. Small

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lloyd R. Winneath

Licensed Embalmer No.

3857

P. O. Address

Ywata, 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.