

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.

NOV 20 1940

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 46

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)
 In this community 50 Years

3. (a) PRINT FULL NAME Ezra Brooks
3. (b) If veteran, name war No. **3. (c) Social Security No.** No.

4. Sex M. **5. Color or race** W. **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife None **6. (c) Age of husband or wife if alive** None years
7. Birth date of deceased July 7 1859
 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Monroe Co. Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Jeremiah Brooke

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

14. Maiden name Anna Wiener

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

16. (a) Informant's own signature Louis L. Brooke

(b) Address Bingville, Mo

17. (a) Burial (Burial, cremation, or removal) Burial **(b) Date thereof** (Month) (Day) (Year)
Elm Cemetery

18. (a) Signature of funeral director J. H. Murray
(b) Address Holden Mo

19. (a) Nov 6 1940 (Date received local registrar) **(b) Mrs. B. V. Redford** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Johnson
 (c) City or town Holden
 (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 Oct day 7 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 7 1940 to Oct 9 1940
 that I last saw him alive on Oct 9 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10/6/40

Due to Stk

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

Major findings: Of operations _____

Of autopsy _____

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? 368
 (Specify type of place) _____

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

23. Signature Kelly Rawlins (M. D. or other) _____
Address Holden Mo **Date signed** 10/10/40

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. H. Munday

Licensed Embalmer No. 2893

P. O. Address Holden, 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.