

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. 36100

Registration District No. 20

Primary Registration District No. 6234

Registrar's No. 8

NOV 21 1940

I. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Lironia Mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam  
(c) City or town Livonia Mo  
(d) Street No. 20  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME George Albert Brooks

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex male 5. Color or race W- 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased March 19 - 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Farmer

12. Name John Brooks

13. Birthplace 911  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Anderson

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

16. (a) Informant Jack Brooks

(b) Address Livonia Mo

17. (a) Burial (b) Date thereof Oct 26 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. Johns Cem.

18. (a) Signature of funeral director J. H. Husted  
(b) Address Unionville Mo  
(c) Nov. 5, 40 (Date received local registrar) (b) E. E. Thayer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 23  
year 1940 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 17, 1940 to Oct 23, 1940  
that I last saw him alive on Oct 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma  
Due to  
Due to 46  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X-ray  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature P. H. Hart (M. D. or other)  
Address Coatsville Mo Date signed 6/30

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-40-2053

Date Filed NOV 8 1940

**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

*Murl E. Husted*

Licensed Embalmer No.

*3304*

P. O. Address

*Ammonville W*

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.