

Registration District **1100** JUL 12 1941

Primary Registration District No. **2009**

Registrar's No. **242**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
 (b) City or town **Cape Girardeau, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1208 Chestnut St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cape**
 (c) City or town **Cape Girardeau, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1208 Chestnut St.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
 year **1941** hour **5** minute **15** P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to **6/27/41** 19____
 that I last saw ~~him~~ **her** alive on **6/27** 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary Thrombosis**
Duration 6 hrs.

Due to _____
 Due to **GHV**
 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 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? _____

23. Signature **J. L. Leake** (M. D. or other) _____
 Address **Cape Girardeau, Mo.** Date signed **7/29/41**
Specify type of place (a) While at work? (b) Means of injury

3. (a) PRINT FULL NAME **Paul Roger Brooks**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-07-3796**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of ~~husband's~~ wife **Esther Brooks** 6. (c) Age of ~~husband's~~ wife if alive **49** years

7. Birth date of deceased **October 29 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	5	28	_____ hr. _____ min.

9. Birthplace **Cape Girardeau Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **John W. Brooks**

13. Birthplace **Cape Girardeau Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Randol**

15. Birthplace **Cape Girardeau Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Brooks**

(b) Address **Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **July 1 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairmount Cemetery**

18. (a) Signature of funeral director **L.L. Haman**

(b) Address **Cape Girardeau, Mo.**

19. (a) **6-28-41** (b) **J.M. Champagne**
(Date received local registrar) (Registrar's signature)

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

AUG 18 1941

JAN 29 1942

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, ~~by~~.....

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

Signed *Earl J. Smith*

Licensed Embalmer No. *2676*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.