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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21366**  
Registrar's No. **87**

Registration District No. **138**

Primary Registration District No. **4078**

1. PLACE OF DEATH:  
(a) County **Carroll**  
(b) City or town **Norborne Mo Egypt-**  
(c) Name of hospital or institution: **1**  
(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) **Thirty Days**

3. (a) PRINT FULL NAME **Carroll P. Brooks**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No **719-01-8264**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Violet Brooks** 6. (c) Age of husband or wife if alive **17** years  
7. Birth date of deceased **Oct 11 1917**  
(Month) (Day) (Year)

8. AGE: Years **23** Months **7** Days **24** hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Bucklin, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Days Laborer**

11. Industry or business **Montefis Railroad**

12. Name **Carroll P. Brooks**

13. Birthplace **Carroll County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Milly Brooks**

15. Birthplace **Clarks County Missouri**  
(City, town, or county) (State or foreign country)

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

(b) Address **Bucklin Mo**

17. (a) **Burial** (b) Date thereof **6 6 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **John E. DeWittell**  
(b) Address **Norborne Mo**

19. (a) **June 5 1941** (b) **D. C. Cole** **23**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County **58**  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL") **1**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5<sup>th</sup>** year **1941** hour **Some time after midnight**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Body was found 1 mile east of Norborne station, on tracks 2, struck & quite 22 rail road, at 7:30 AM, on June 5, 1941.**

**Skull fractured & tank of skull removed, right shoulder crushed & partially amputated, arms fractured, legs fractured.**  
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) **Accident**  
(b) Date of occurrence **June 5, 1941**  
(c) Where did injury occur? **Norborne, Carroll Co. Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**On Railroad - Santa Fe Tracks**  
While at work? **no** (Specify type of place) (e) Means of injury **P. R. Train**

23. Signature **A. Ernest R. Smith** (M. D. or other) **003**  
Address **Tina, Mo** Date signed **5/5/41**

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

MOTHER FATHER

JUL 12 1941

FEB 6 5 1949

RECEIVED  
District Health Officer No. 8,  
District File Number  
14-8-6

NOV 23 1941

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 Not Embalmed  
Railroad <sup>tracks</sup> accident Broke up to Bad to Embalm registered Apprentice No.  
working under my personal supervision and Mr. C. Larson at Bucklin mo  
found on track

Signed John Ditch

Licensed Embalmer No. ....

P. O. Address .....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21366

Registration District No. 138

Primary Registration District No. 4078

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Harborne  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn  
(c) City or town Bucklin  
(If outside city or town limits, write "RURAL")  
(d) Street No. no st number  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosee R. Brock  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced w  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year  
7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 24  
If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 8-19-1941 (b) B. C. Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
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 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 Everett L. Smith (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTAL

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

NOV 20 1954