DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1941 183

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38089

State File No.

Registration District No. ~~[illegible]~~ Primary Registration District No. 4109 Registrar's No. 16

1. PLACE OF DEATH:
(a) County ~~Greene~~ Christian
(b) City or town ~~Springfield~~ Niva (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 14 3 Niva Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2202 W Fort 2 (If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME VIRGIL C. BROOKS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 500-09-5253

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1923 (Year)

8. AGE: Years	Months	Days	If less than one day
17	11	21	hr. min.

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

10. Usual occupation Employee

11. Industry or business Robertson Packing Co.

FATHER
12. Name Charles Brooks
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Bertie Mae Rose
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Raymond Brooks
(b) Address 2617 Woodlawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director W. Bruce Lindsey
(b) Address Springfield Mo.

19. (a) Nov. 18 1941 (Date received local registrar) Ida B. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 1941 hour 9.00 minute P.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on Nov 14 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Motorcycle accident Basal skull fracture

Due to

Due to

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

Major findings: Of operations

Of autopsy

Duration

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 Nov 14-1941 72
(c) Where did injury occur? Niva (City or town) Christian (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 14 (Specify type of place)
While at work? (e) Means of injury 3

23. Signature B. E. Klepper Coroner (Official capacity)
Address Ozark Date signed 11/15

16 (Licensed Embalmer's Statement on Reverse Side)

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

1-4-41
5-17-39
X26390

RECEIVED
District Health Officer No. 6
District File Number 1141-1756
Date Filed NOV 25 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Roy A. Cauni

Licensed Embalmer No. 1763

P. O. Address Springfield O

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

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