

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41334

State File No.

Registrar's No. 57

Registration District No. 8

Primary Registration District No. 203

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cross Timbers Rural
(c) Name of hospital Union Hosp
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or (day)

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

4. Sex fm 5. Color of hair whit 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clark Brooks 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb - 3 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 10 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name J W Estes
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Ray
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Clark Brooks

(b) Address Cross Timbers Mo

17. (a) burial (b) Date thereof 12/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem

18. (a) Signature of funeral director J R Kuster

(b) Address Whitland Mo

19. (a) 12/31/41 (b) Gas. A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Cross Timbers Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1941 hour _____ minute 00 M.

21. I hereby certify that I attended the deceased from Dec 18 1941 to Dec 18 1941
that I last saw her alive on Dec 18 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Placenta Previa Partial

Due to "Kernion"

Other conditions (include pregnancy within 3 months of death) 146a

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 _____ (Specify type of place) Means of injury _____

23. Signature Glenn T. Turner (M. D. or other) M.D.

Address Yuba Mo Date signed 12/19/41

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2093

Date Filed 1-6-42

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

J.P. Luckey

Licensed Embalmer No. 4982

P. O. Address

William J. Luckey

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.