

STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** MAR 16 1942 8-689

3033

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH: PIKE

(a) County LOUISIANA

(b) City or town LOUISIANA  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
210 NORTH 4th 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 50 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82

(c) City or town RURAL LOUISIANA  
(If outside city or town limits, write "RURAL")

(d) Street No. DOUGHERTY PIKE 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LINA BELLE ESTER BROOK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1942 hour 4 minute 00 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife OSCAR ESTER BROOK 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased DECEMBER 9 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 5  
1942 to February 20 1942;  
that I last saw her alive on February 20 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration Duration 15 years

8. AGE: Years 75 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Toxic goiter 20 years

9. Birthplace LINCOLN Co MO  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death) 93d

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

12. Name WILLIAM GARDER

13. Birthplace UNKNOWN - 9  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH LUCKETT

15. Birthplace UNKNOWN - 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs W.T. Kilson

22. If death was due to external causes, fill in the following:

(b) Address Louisiana Mo.

17. (a) BURIAL (b) Date thereof FEB. 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation RIYERYIEN

(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? \_\_\_\_\_

18. (a) Signature of funeral director Harvey Stone

(b) Address Louisiana Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

19. (a) 2-21-42 (b) Getalyn  
(Date received local registrar) (Registrar's signature)

23. Signature Eugene Pitts, M.D. (M. D. or other) M.D.  
Address 4th and Georgia, Louisiana Date signed 2/21/42

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

MOTHER FATHER

12  
2  
1

1161

RECEIVED

District Health Officer No. 10

District File Number 10-42-373

Date Filed MAR 11 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, or by.....

Harold Garney....., Registered Apprentice No.         

working under my personal supervision.

Signed Harold Garney.....

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.