

FILED MAR 13 1943

Registration District No. _____

Primary Registration District No. _____

4438

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Huntsville
(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 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Jacob Masly Brooks

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 15th day st.
year 1942 hour 7 minute 50 P M.

21. I hereby certify that I attended the deceased from June
25 1941 to Feb 15 1942

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife HARRY MAY BROOKS

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased: May 6 1862
(Month) (Day) (Year)

that I last saw him alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(Arterio-sclerotic Artery)

Due to Atherosclerosis

Duration 7 mo

8. AGE: Years 79 Months 8 Days 26
If less than one day hr. min.

Due to _____

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

Major findings: 83a

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Henry Brooks

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

14. Maiden name Leatrice Smith

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

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Minnie Sphler

(b) Address 1306 G Market Hannibal Mo

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

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director E. A. Miller

(b) Address Blanchard Mo

19. (a) 2/24/42 (b) Mrs. P. V. Drayer
(Date received local registrar) (Registrar's signature)

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) Meaning injury

23. Signature [Signature] (M. D. or other) 700

Address Huntsville Mo. Date signed 2/21/42

RECEIVED

District Health Officer No. 10

District File Number 10-42-345

Date Filed MAR 10 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.....

Not Embalmed

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

working under my personal supervision.

Signed.....
E. E. Hopper

..... 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.