

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 24600
 Registrar's No. 35

Registration District No. 167

Primary Registration District No. 5609

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Rural Route LaTour, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: not hospitalized
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Rural Route LaTour, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. none (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country XXXX

3. (a) PRINT FULL NAME MICHAEL HENRY BROOKS
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4th day July
 year 1942 hour 7:30 minute P M.

4. Sex male 5. Color or race cauc
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Pernetta Brooks
 (c) Age of husband or wife if alive dec'd
 7. Birth date of deceased: June (Month) 5 (Day) 1860 (Year)

21. I hereby certify that I attended the deceased from April
4, 1939, to July 4, 1942
 that I last saw him alive on June 30
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 0 29 hr. min.

Immediate cause of death Coronary Thrombosis
 Due to 94
 Due to Gen. Arteriosclerosis
 Other conditions Gen. Arteriosclerosis
 (Include pregnancy within 3 months of death)

9. Birthplace unknown Tennessee
 (City, town, or county) (State or foreign country)
 10. Usual occupation farmer

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

11. Industry or business farming
 12. Name Thomas Brooks
 13. Birthplace unknown Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth George
 15. Birthplace unknown Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Birdie Kinder
 (b) Address Holden, Missouri

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

17. (a) burial (b) Date thereof July 6, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Garden City, Mo.

(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) Means of injury

18. (a) Signature of funeral director Canaday and Ropp
 (b) Address Holden, Missouri
 19. (a) July 10 (b) Mrs Frank Morris
 Date received local registrar (Registrar's signature)

23. Signature Kelly Paulins (M. D.)
 Address Holden Mo Date signed 7/5/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-11-42

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 Samuel B. Roper

Licensed Embalmer No. 4044

P. O. Address. Holden, Md

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.