

13-40
17-39
X23159

Dr. R. R. M. Bae

29716

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 10 1942
Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jubal Ira Brooks

3. (b) If veteran name war Civil War

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1942 hour 3 minute 5 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan (Month) 13 (Day) 1846 (Year)

21. I hereby certify that I attended the deceased from September 26 to October 4, 1942, to _____, 1942; that I last saw him alive on October 4th, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Congestion due to myocardial insufficiency

Due to Myocardial insufficiency

Due to _____

9. Birthplace Murphysboro Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stockman

11. Industry or business _____

Other conditions Carcinoma (Epithelioma)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Jillman Brooks

13. Birthplace unknown Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown Anderson 2

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

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? _____

16. (a) Informant Mag V.O. Woodfin

(b) Address Rich Hill, Mo.

17. (a) Burial (b) Date thereof Oct 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburny

While at work? _____ (Specify type of place)

(e) Means of injury 2

18. (a) Signature of funeral director R. Taylor & Son

(b) Address Phelanston Kansas

19. (a) 10 9 42 (b) Mo.
(Date received local registrar) (City or town)

23. Signature Dr. Taylor R. M. Bae (M. D. or other) D.O.

Address Luke Bldg Rich Hill Mo Date signed 10-9-42

1302 (Licensed Embalmer's Statement on Reverse Side)

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

7
2
5

7
9
0

Duration
Sept 26
To Oct 4
1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 1 1942

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1095'

Date Filed 10-7-42

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.....

W. P. Jones

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

working under my personal supervision.

Signed *W. P. Jones*

Licensed Embalmer No. 3741

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29716
Registrar's No. 28

Registration District No. 25

Primary Registration District No. 4036

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill
(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..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Judal Buech
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Jan 13 1896
(Month) (Day) (Year)

8. AGE: Years 96 Months 8 Days 14 (If less than one day min.)

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name..... (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion due to myocardia

Due to myocardial insufficiency 9/26

Due to..... 4/42

Other conditions Carcinoma (Epithelioma)
(Include pregnancy within 3 months of death)

* On skin in temporal area
Major findings:
Of operations.....

Of autopsy..... 63

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) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

NOV 11 1952