

FILED OCT 13 1942

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. 50

54  
0  
0

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

1. PLACE OF DEATH:

(a) County Lafayette

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

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

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

In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Lafayette (b) County Lafayette

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David W. Brooks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 2954-6409

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Charity Brooks

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 13 1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name James Brooks

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

14. Maiden name Liza Miles

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

16. (a) Informant Alia Baker

(b) Address Waverly Mo.

17. (a) Burial (b) Date thereof 9 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Mo.

18. (a) Signature of funeral director Waverly R. Green Sr.

(b) Address 204 S. 24th Lexington Mo.

19. (a) 9-19-1942 (b) Dr. W. A. Braecklein  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1 year 1942 hour 6 minute 40 am.

21. I hereby certify that I attended the deceased from June 15 to Sept 1, 1942  
that I last saw alive on Sept 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Stomach

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 work? \_\_\_\_\_ (Specify type of place)

(e) \_\_\_\_\_ (Specify type of injury)

23. Signature Waverly Date signed Sept 19 1942

#P

1187

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

10-9-42

---

---

**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

*William Nunley*

Licensed Embalmer No.

*3105*

P. O. Address

*Lexington, Mo.*

**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.**