

FILED JUN 3 1943

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 360

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield**

(c) Name of hospital or institution: **796 Lincoln**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**

In this community **7 months**

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**

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

(d) Street No. **796 Lincoln**

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Zona Brooks**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th**

year **1943** hour **7:45** minute **P.** M.

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Single**

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

7. Birth date of deceased **December 24, 1878**

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3/21/43**

19 **43** to **7/5/43** 19 **43**

that I last saw him alive on **7/5/43**

and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration**

Duration **?**

8. AGE: Years Months Days If less than one day

64 4 11 hr. min.

Due to **?**

Due to _____

9. Birthplace **Greene County, Missouri**

(City, town, or county) (State or foreign country)

Other conditions **Acute psychosis** **4 da**

(Include pregnancy within 3 months of death)

10. Usual occupation **In Home**

11. Industry or business _____

12. Name **J. K. Brooks**

13. Birthplace **Castle County, N. Carolina**

(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Jane Rudd**

15. Birthplace **Unknown Missouri**

(City, town, or county) (State or foreign country)

Major findings: **92 lb**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss William M/ Brooks**

(b) Address **Springfield, 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 **May 7, 1943**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshfield, Missouri**

(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 **Alma Lohmeyer** **Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **5-643** (b) **W. S. Handley**

(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **W. B. Lemmon** (M. D. or other) **M. D.**

Address **Springfield, Mo.** Date signed **7/6/43**

006
JUL 31 1944

AUG 3 1944

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 Lewis G. Scherpf
Licensed Embalmer No. 3802
P. O. Address Springfield, 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.