

V. S. No. 2
50M-5-42
Rev. 5-17-38
I X 284

24232

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 13 1943

3002

Registration District No.

Primary Registration District No.

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Mexico
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew

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

(d) Street No. 121 W. Monroe
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME ANDREW BROOKS

3. (b) If veteran, name war 1st World War

3. (c) Social Security No. 322

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased May 20 1895
(Month) (Day) (Year)

Immediate cause of death Coroner's Verdict
I find that the deceased came to his death by
Due to Natural Causes, lung hemorrhage
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years 49 Months 7 Days 6
If less than one day hr. min.

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

10. Usual occupation Cleaner & Printer

11. Industry or business.....

12. Name Andrew Brooks

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

14. Maiden name Josie Clayton

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

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant M. J. Sughren

(b) Address 303 Binchey

17. (a) Removal (b) Date thereof 7/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammill 210

18. (a) Signature of funeral director Margaret H Mackie

(b) Address 307 5th St

19. (a) 7/26/43 (b) Margaret H Mackie
(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?
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Ey Benton Coroner (M. D. or other)
Address Mexico, Mo Date signed 7/27/43

AUG 17 1943

RECEIVED

District Health Officer Ref 10

County File Number 8-43-1372

Date Recd AUG 11 1943

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 *Michael J. Donnell*

Licensed Embalmer No. 3746

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.