

No. 2  
4-2-43  
5-17-39  
1 X35897

4-28092

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Pettis

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

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

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

In this community Unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Unknown

(c) City or town Henrietta  
(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. - -

3. (a) PRINT FULL NAME Elwood Brooks, Apprentice Seaman, Ser. #57, 11, 39

3. (b) If veteran, name war World War #2

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th  
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Never  
19\_\_\_\_, to Never 19\_\_\_\_;

that I last saw h. im alive on Never 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing of skull

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife - -

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

7. Birth date of deceased June 9, 1924  
(Month) (Day) (Year)

Duration Died instantly

Due to 173-6

Due to 34

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

19 2 27 - - hr. - - min.

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

10. Usual occupation Sailor

11. Industry or business U. S. Navy

MOTHER FATHER { 12. Name Eual Wesley Brooks

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

{ 14. Maiden name Gertrude Brooks

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

Other conditions Multiple fractures of extremities.  
(Include pregnancy within 3 months of death)

Major findings: None performed

Of operations None performed

Of autopsy None performed

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

16. (a) Informant Navy Records

(b) Address - - -

17. (a) Removal (b) Date thereof 9/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowie Texas

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia Mo

19. (a) 9/8/43 (b) Mrs Anna Beyle  
(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) Airplane Accident 1880

(b) Date of occurrence 11:00 P.M. Sept. 5, 1943

(c) Where did injury occur? (Rural) Sedalia, Pettis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
During aircraft flight.

While at work? Yes (Specify type of place) (e) Means of injury Plane crash

23. Signature Carl E. Doring M.D. (M. D. or other) M.C.  
Address Sedalia Army Air Field Date signed 9/7/43  
Warrensburg, Missouri

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

SEP 17 1948

RECEIVED

District Health

Case No. 8

District File No.

Date Filed

9-13-48

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 *Geo. Dillard*

Licensed Embalmer No. *3868*

P. O. Address *Delia 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.