

FILED SEP 9 1943

3056

177

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 1225 Concannon
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 1225 Concannon
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Edgar Clay Brooks

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased July 1st 1850

8. AGE: Years 93 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John M. Brooks

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

14. Maiden name No data

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

16. (a) Informant F. C. Brooks

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 8-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Brokaw and Son

(b) Address Moberly Mo

19. (a) 8-16-43 (b) W. W. Armistead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th
year 1943 hour 10 minute 15 a.m.

21. I hereby certify that I attended the deceased from Jan 1943 to Aug 14 1943
that I last saw him alive on Aug 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 6 mo

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 162 lb

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) Means of injury _____

23. Signature C. Smith (M. D. or other)
Address Moberly Mo Date signed 8-16-43

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

MOTHER FATHER

88
336

88
3

RECEIVED

District Health Officer No. 10

District File Number 9-43-1467

Date Filed SEP 8 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 Frank S DeWitt
Licensed Embalmer No. 3021
P. O. Address Woburn 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.