

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43964**

FILED JAN 14 1944
Registration District No. **6129**

Primary Registration District No. **6129**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County **SHANNON**
(b) City or town **Rural Jackson Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **LOCATION - Aker's Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4-1 Month.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ruth Ellen Brooks**

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

4. Sex **FEMALE** 5. Color or race **white** 6. (a) **Single**, widowed, married, divorced **0**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **August 1 - 43**
(Month) (Day) (Year)

8. AGE: Years **4** Months **30** Days **30** If less than one day **hr. min.**

9. Birthplace **Gillespie, Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **William Howard Brooks**

13. Birthplace **Dent County** (City, town, or county) (State or foreign country)

14. Maiden name **Etha Mae Dewitt**

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

16. (a) Informant **Mrs W H Brooks**

(b) Address **near Aker, Mo.**

17. (a) (Burial, cremation, or removal) **burial** (b) Date thereof **1-2-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Friendship, Raynolds, Mo.**

18. (a) Signature of funeral director **none**

(b) Address **none**

19. (a) **1-4-44** (b) **Frank H. Hyde**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Shannon**
(c) City or town **near Jackson**
(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 **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **31**
year **12** hour **12** minute **A.M.**

21. I hereby certify that I attended the deceased from **12-30-43** to **12-31-43**, 19 **43**
that I last saw him alive on **12-30-43**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **status lymphaticus** Duration **3 hrs**

Due to **None**

Due to **None**

Other conditions **64**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? (City or town) (County) (State) **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? (Specify type of place) (a) Means of injury **None**

23. Signature **J. D. Dewitt** (M. D. or other) **D.O.**

Address **Salem, Mo.** Date signed **1-1-44**

144 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File No.

14462

Date Filed

1.12-44

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.....

Licensed Embalmer No.....

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.