S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7859

Registration District No. 243 | Primary Registration District No. 4364 | Registrar's No. 3

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Stella
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cardwell hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24 hrs (Specify whether years, months or days)

In this community Several years

2. USUAL RESIDENCE OF DECEASED: 73

(a) State: Missouri (b) County: Newton

(c) City or town: Fairview Stark City, Route 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME: Benjiman Franklin Brooks

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: no

6. (c) Age of husband or wife if alive: no years

7. Birth date of deceased: July (Month) 13 (Day) 1866 (Year)

8. AGE: Years 77 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Howard Co. (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Farmer + Tafor

11. Industry or business:

FATHER
12. Name: Rufus Brooks
13. Birthplace: Franklin Co. (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Sarah Alem Montgomery
15. Birthplace: Franklin Co. (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: James E. Root
(b) Address: Stark City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2, 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Rice Cemetery

18. (a) Signature of funeral director: McQueen Funeral Home
(b) Address: Wheaton Mo.

19. (a) 2-26-44 (Date received local registrar) (b) Applas L. Hale Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day First year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 31, 1943 to Jan. 1, 1944 that I last saw him alive on Jan. 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

108

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: O. Cardwell (M. D. or other)

Address: Stella Date signed 2/9/44

1.3.17

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-6-44
District Health Officer No.
District File Number 244-35
Late Filed 3-7-44

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.