

FILED MAY 8 1944

Registration District No. **203**

Primary Registration District No. **6044**

1. PLACE OF DEATH:
(a) County **Ripley**
(b) City or town **Bennett Mo.**
(c) Name of hospital or institution:
PINE TWP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph W. Brooks**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rhoda** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **June 9, 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **15** If less than one day hr. _____ min. _____

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

10. Usual occupation **farming**

MOTHER FATHER { 11. Industry or business _____
12. Name **John Brooks**
13. Birthplace **Ripley County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary J. Rodgers**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rhoda Brooks**
(b) Address **Bennett Mo.**
17. (a) **Burial** (b) Date thereof **Mar. 26, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bennett Cent.**

18. (a) Signature of funeral director **Black's Mortuary**
(b) Address **Danzon Mo.**
19. (a) **4-22-44** (b) **Y. Sprague**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Ripley**
(c) City or town **Bennett Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **PINE TWP.** (If rural, give location)
(e) Citizen of foreign country? **Mo** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **24**, year **1944** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 18, 1944** to **March 24, 1944** that I last saw him alive on **March 18, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary hemorrhage**
Due to **Pulmonary tuberculosis**

Other conditions (Include pregnancy within 3 months of death) **13R1**

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature **J. E. Williams** (M. D. certifier)
Address **Danzon Mo.** Date signed **3/29/44**

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

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

1000
208

S. B. BEECHER, M. D.
Special Agent, Bureau of the Census
SALEM, MISSOURI

RECEIVED

District Health Officer No. 5,

District File Number

444273

Date Filed

8-6-44

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

Leslie D. Russell

Licensed Embalmer No.

3855

P. O. Address

Corning Ark.

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.