

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 3 months
(Specify whether
 In this community 4 5 months
years, months or days)

3. (a) PRINT FULL NAME Thomas Brooke
 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, widower
 6. (b) Name of husband or wife Elvera Brook 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: August 26 1853
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 8
If less than one day

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

10. Usual occupation Farmer (retired)

MOTHER FATHER
 11. Industry or business _____
 12. Name George Brook
 13. Birthplace 4 England
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Verbaek
 15. Birthplace 2 Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Hudson V Smart

(b) Address Memphis Mo.

17. (a) Cremation (b) Date thereof Oct 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prarie View cemetery

18. (a) Signature of funeral director H. W. Warner, D.O.H.

(b) Address Memphis Mo.

19. (a) 10-6-44 (b) Mrs. L. W. Warner
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
 year 1944 hour 11:00 minute 48 A.M.

21. I hereby certify that I attended the deceased from May 15, 1944 to October 4, 1944
 that I last saw h. 1 m. alive on October 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
 Due to Chronic Myocarditis

Duration

3 hours

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 930

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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 M. L. Lutencher (or other) F. D. O.
 Address Kirkville, Mo. Date signed 10-4-44

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

1
3
3

Dr. Max Gutensolow

Warrant 11-44-1801

APR 11 1944
NOV 7 1944
NOV 7 1944

RECEIVED

District Health Officer No. 10

District File Number 11-44-1801

Date Filed NOV 7 1944

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 *Neal Payne*

Licensed Embalmer No. 2550

P. O. Address *Memphis, 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.