

FILED NOV 14 1944

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Lexington, Mo.  
(c) Name of hospital or institution At home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Lexington  
(If outside city or town limits, write "RURAL")  
(d) Street No. North Street (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Taylor Brooks

3. (b) If veteran, name war. No 3. (c) Social Security No. 487-05-0351

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced, widower  
6. (b) Name of husband or wife dead 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 14 1895  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Coal Mining

11. Industry or business Mining

MOTHER FATHER { 12. Name Randel Brooks  
13. Birthplace unknown  
14. Maiden name Alice Scott  
15. Birthplace unknown

16. (a) Informant Anna Hopkins  
(b) Address 2010 Olive St. K.C. Mo.

17. (a) Burial (b) Date thereof 10-22-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove, Lex. Mo.

18. (a) Signature of funeral director Green & Sons  
(b) Address Lexington, Mo.

19. (a) Nov-6-1944 (b) Mrs. Ured Sabwat  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day \_\_\_\_\_ 1944 year \_\_\_\_\_ hour 8  
21. I hereby certify that I attended the deceased from October 17 1944 to October 24 1944  
that I last saw him alive on October 17 1944 and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Pulmonary Edema

Due to Acute myocardial degeneration  
Due to Carcinoma of liver  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy H6\*  
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? \_\_\_\_\_

23. Signature [Signature] (Specify type of physician) (a) Means of injury ?  
Address Springer Mo (M.D. or other) \_\_\_\_\_ Date signed 10/24/44

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

4  
3  
2

RECEIVED

District Health Officer No. 8,

File No. of

Date Filed

11-13-47

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 *William Nunley*

Licensed Embalmer No. *31057*

P. O. Address *Lexington, 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.