

S. No. 2
M-5-42
v. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Modford
State File No. **8973**
Registrar's No. **27**

Registration District No. **38**

Primary Registration District No. **3006**

420
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Columbia**
(c) Name of hospital or institution: **Boone County Hospital**
(d) Length of stay: In hospital or institution **1 Week**
In this community **1 Week**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(d) Street No. **301 McBaine Ave.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MICHAEL SERGI BROOKS**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **5** year **1945** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **1 - 2 - 1945**

21. I hereby certify that I attended the deceased from **11/29** to **2/5** 19**45** and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months **1** Days **3** If less than one day _____ hr. _____ min.

Immediate cause of death **Lobar Pneumonia (Bilateral) RT-sided**
Due to **Asphyxia & emphysema**
Due to **pericarditis fibrous**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **above**

9. Birthplace **St. Louis, Missouri**

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace _____
14. Maiden name **Gertrude K. Brooks**
15. Birthplace **Columbia, Mo.**

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

16. (a) Informant **Gertrude K. Brooks**
(b) Address **Columbia, Mo.**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) **Burial** (b) Date thereof **2-6-45**
(c) Place: burial or cremation **Columbia Cemetery**

23. Signature **[Signature]** (M. D. or other) _____
Address **905 E. 13th** Date signed **2/5/45**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Columbia, Mo.**
19. (a) **2-6-1945** (b) **Edna H. Barber**

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

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

M. S. Whitcomb

Licensed Embalmer No.

3893

P. O. Address

Columbus

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.