

5-14-41
5-17-39
X25390

FILED APR 3 1945
Registration District No. 360

Primary Registration District No. 2076

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution Nevada City Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jessour
(c) City or town Rural - 1 1/2
(d) Street No. north of Raymondville
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy Elijah Brooks
(b) If veteran, name war Discharged from army
(c) Social Security No. 497-22-4756

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4 56 year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 3 1925
(Month) (Day) (Year)

Duration _____
Due to skull fracture, internal injuries
Due to auto accident

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>2</u>	<u>29</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

9. Birthplace Harrison Iowa
10. Usual occupation Laborer at saw mill

1700 21
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Edwin Brooks
13. Birthplace mich
14. Maiden name Mary Phillips
15. Birthplace Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence March 4th, 1945
(c) Where did injury occur? north of Nevada, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? highway 71.

16. (a) Informant Edwin Brooks
(b) Address Raymondville Mo
17. (a) Removal & burial (b) Date thereof March 6 1945
(c) Place: burial or cremation Hellman Cemetery Jessour

While at work? _____ (Specify type of place)
(e) Means of injury struck by auto

18. (a) Signature of funeral director Hazel B. Bewick
(b) Address Nevada Mo
19. (a) 3-13-45 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

23. Signature Mark E. Eickinger (M. D. or other) Coroner
Address Nevada, Mo. Date signed 3-10-45

APR 30 1945

RECEIVED
District Health Officer No. 7
District File Number 2-152226
Date Filed 4-2-45

MAY 31 1945

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. B. Jones

Licensed Embalmer No. 1760

P. O. Address Georgia 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.