

FILED APR 27 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3015

Registrar's No. 22

25  
1  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Cameron  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
E. 2nd St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether No.)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 26  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. 2nd St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHRISTOPHER LORAN 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 17 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 5 8 hr. \_\_\_\_\_ min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business \_\_\_\_\_

12. Name Robert Brooks

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Kidd

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. E. Lewis

(b) Address McDaniel

17. (a) Burial (b) Date thereof 3-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McDaniel Cemetery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. Mar. 27, 1945 Mrs. Rachelle Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1945 hour \_\_\_\_\_ minute 2:15 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1942, to Mar 25, 1945  
that I last saw him alive on Mar 24, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 932

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)  
(c) Means of injury \_\_\_\_\_

23. Signature M. L. Peters (M. D. or other) \_\_\_\_\_  
Address Cameron Mo. Date signed Mar 26

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

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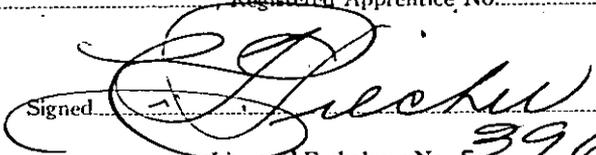
(Licensed Embalmer's Statement on Reverse Side)

**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..... .....

..... Licensed Embalmer No. 3960.....

..... P. O. Address Maple, 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.**