

FILED MAY 16 1945

Registration District No. 284

Primary Registration District No. 5975

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Douglas (Rural) S. M. Huley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Miles West of Douglas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Fellie Arabella Brooks

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Jesse A. Brooks

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: Nov 13, 1893
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 22 hr. _____ min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House Work

12. Name Jack Jenkins

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Melisa Hazel

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse A. Brooks

(b) Address Douglas, Mo.

17. (a) Burial (b) Date thereof May 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director Arthur and Rose

(b) Address Balmar, Mo.

19. (a) 5/14/45 (b) Martha Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Douglas (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles West of Douglas
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1945 hour 2:15 minute _____ M.

21. I hereby certify that I attended the deceased from Mar 9 1945 to May 6 1945
that I last saw h. e. alive on May 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: H/O J
Of operations _____

Of autopsy _____

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? _____

White at work _____ (Specify type of place) Means of injury _____

23. Signature J. N. Bridger (or other) _____

Address 17 Balmar, Mo.

MAY 19 1953

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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Polina, 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.