

No. 2  
8-43  
17-39  
X37823

FILED NOV 10 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 5163

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Lone Jan Desain  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Surf  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Callaway

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sell Brooks

3. (b) If veteran, name war No

3. (c) Social Security No. 110

4. Sex Male 2 5. Color or race NEGRO

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

6. (b) Name of husband or wife Ivy Brooks

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct 11 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31  
year 1945 hour 9 minute PM.

21. I hereby certify that I attended the deceased from Oct 29 1945 to Oct 31 1945  
that I last saw him alive on Oct 29 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 0 20 hr. \_\_\_\_\_ min.

Immediate cause of death Perforating gastric ulcers

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

9. Birthplace Callaway County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Seldon Brooks

13. Birthplace Callaway County MO  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Kemp

15. Birthplace Callaway County MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Brooks

(b) Address Tobbetts Rd. 1 - MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Oakley Cemetery

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield MO.

19. (a) 11-22-1945 (Date received local registrar) (b) Joie M. M... .. (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature W. O. Payne (M. D. or other) \_\_\_\_\_

Address Rt. 6 Fulton Date signed 10/27/45

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

29  
21-48

N47

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

11-9-45

NOV 21 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

*LeRoy Blaypool*

Registered Apprentice No. *374*

working under my personal supervision.

Signed

*Ray A. Holt*

Licensed Embalmer No. *2605*

P. O. Address

*New Bloomfield*

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.