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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41461**  
Registrar's No. **240**

**FILED JAN 11 1946**  
Registration District No. **157**

Primary Registration District No. **3028**

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

**1. PLACE OF DEATH:**  
(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**McCune-Brooks Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 Days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Carthage** **1**  
(If outside city or town limits, write "RURAL") **3**  
(d) Street No. **722 East 2nd St.**  
(If rural, give location) **6**  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec.** day **25**,  
year **1945** hour **4:45** minute **P.** M.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George W. Brooks**  
6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **July 4, 1880**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Dec 12** 19 **45** to **Dec 25** 19 **45**  
that I last saw **her** alive on **Dec 25** 19 **45**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **65** Months **5** Days **21**  
If less than one day  
hr. min.

Immediate cause of death  
**Terminal uremia for**  
**Chl nephritis**  
**& Hypertension - 4 years**  
Duration

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

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

**10. Usual occupation** **Housewife**

**11. Industry or business**

**MOTHER** { **12. Name** **R. M. Piercy**  
**13. Birthplace** **Ray County, Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Rose Pettie**  
**15. Birthplace** **Jasper County, Missouri**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **George W. Brooks**  
(b) Address **722 E. 2nd St., Carthage, 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? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**17. (a) Burial** (b) Date thereof **12-28-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hackney Cemetery**

**18. (a) Signature of funeral director** **Ed. C. Ulmer**  
(b) Address **Carthage, Missouri**

While at work? \_\_\_\_\_  
**23. Signature** \_\_\_\_\_ (M. D. or other)  
Address **Carthage, Mo.** Date signed **12-27-45**

**19. (a) 12-27-45** (b) **H. B. Clenton, M.D.**  
(Date received local registrar) (Registrar's signature)

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: Eddelemer

Licensed Embalmer No. 2222

P. O. Address: Carthage

**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.**