V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2257

State File No. Nevus

FILED FEB 4 3 1946

Registration District No. 14 Primary Registration District No. 3008 Registrar's No. Court 19

263

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital No 1 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1M 18D (Specify whether years, months or days)

In this community 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 318 W 10th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cecil Brooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

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

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

7. Birth date of deceased May (Month) 23 (Day) 1904 (Year)

8. AGE: Years 41 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm

MOTHER FATHER

12. Name Jim Brooks

13. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)

14. Maiden name Lucilla Holland

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

16. (a) Informant Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Hughes Mauzey

(b) Address Auxvasse, Mo.

19. (a) 1-15-1946 (Date received by local registrar) (b) Jonie Moreau Hoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1946 hour 12-30 minute a

21. I hereby certify that I attended the deceased from Jan 13 1946 to Jan 13 1946, 19..., that I last saw it alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Acute generalized Bright's disease

Due to: Traumatic rupture of the bladder

Other conditions (Include pregnancy within 3 months of death): U. Nea

Major findings of operation: Shock is the evidence

Of autopsy: Endorsed by

Duration

PHYSICIAN

Underline 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) Homicide

(b) Date of occurrence 1-13-46

(c) Where did injury occur? St Elos Hospital (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kicked in the groin (Specify type of place)

While at work? (e) Means of injury

23. Signature Garrett Cross (M. D. or other)

Address Fulton Mo Date signed 1-13-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

FEB 23 1946

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 Hughes Maupin

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, 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.