

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 107

Primary Registration District No. 3019-5422

Registrar's No. 73

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 St. Louis
(c) City or town Kennett Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Independence Township
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Brooke

3. (b) If veteran name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife Ella Brooke
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Nov 19 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business —

MOTHER, FATHER {
12. Name Bill Burke
13. Birthplace Dont Kuncio
(City, town, or county) (State or foreign country)
14. Maiden name Dont Kuncio
15. Birthplace Dont Kuncio
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Brooke
(b) Address Kennett, Mo.

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

18. (a) Signature of funeral director A. J. Emerson

(b) Address Paragould, Ark.

19. (a) 7-25-1946 (b) Earl Humber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10
year 1946 hour 4:50 minute _____ M.

21. I hereby certify that I attended the deceased from 1-14
1946 to 1-15, 1946
that I last saw him alive on 1-14-46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations gsw

Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature D. T. Deiny (M. D. or other) MD
Address Kennett, Mo. Date signed 1-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No. 2,
District File Number 246-179
Date Filed 2-5-46

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.....

P. O. Address.....

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.