No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6075

FILED FEB 9 1946

Registration District No. 1580 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1526 Connor (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)?
If yes, name country

3. (a) PRINT FULL NAME Thelma Phillips Brooks
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Brooks
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 3, 1906 (Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Butler (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joe Phillips
13. Birthplace Macon (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ida Kelley
15. Birthplace Butler (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Charles Brooks
(b) Address 1526 Connor, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 1-16-46 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1946 hour 4 minute a M.
21. I hereby certify that I attended the deceased from August 6 1945 to Jan 11 1946 that I last saw her alive on Jan 11 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac Insufficiency | 9 mo |
| Due to: Myocardial Disease | 9 mo |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Myrtle M. Dickey (M. D. or other) DO.
Address 501-2 Frisco Bldg. Joplin Mo Date signed 1/14/46

13 8

(Licensed Embalmer's Statement on Reverse Side)

H6-1-62

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**