. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21168

State File No.

FILED JUL 28 1946

Registration District No. 29

Primary Registration District No. 3056

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town R.F.D Moberly. Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME Crayton S. Brooks

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Bessie

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

7. Birth date of deceased March (Month) 8th (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation Retired Minister

11. Industry or business

FATHER
12. Name Evan Brooks
13. Birthplace (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Malvina Kennedy
15. Birthplace (City, town, or county) Mo (State or foreign country) 11

16. (a) Informant Mrs. Bessie Brooks
(b) Address R.F.D Moberly.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5th 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico. Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly. Mo

19. (a) June 5-46 (Date received local registrar) (b) Leah William Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 26, 1946 to June 3, 1946 that I last saw him alive on June 3, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Septicemia	
Due to Post Transurethral Prostatectomy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1
Of autopsy 932

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 0

23. Signature Will Henry (M. D. ~~or other~~)

Address Moberly, Mo Date signed 5 June 46

2109 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1273
Date Filed JUL 3 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 Frank D. Dwett

Licensed Embalmer No. 3021

P. O. Address Moberly 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.