

Baker

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 19 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26247**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **188**

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Boone County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 Hours  
(Specify whether years, months or days)  
 In this community 8 Hours

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone **10**  
 (c) City or town Columbia **2**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 807 Belmont **4**  
(If rural, give location) **0**  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Aug. day 3  
 year 1946 hour 2 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 8 - 3 - 1946  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 2 to Aug. 3 1946  
 that I last saw her alive on Aug. 3 1946  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
0 0 0 8 hr. 30 min.

Immediate cause of death  
Subdural hemorrhage

9. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

Due to Prematurity  
 Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

**MOTHER FATHER**  
 12. Name James W. Brooks  
 13. Birthplace Armstrong Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lola Katherine Stewart  
 15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

Of autopsy 159  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant James W. Brooks  
 (b) Address 807 Belmont, Columbia, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 8-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Parker Funeral Service  
Columbia, Mo.  
 (b) Address \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature James W. Baker (M. D. or other) \_\_\_\_\_  
 Address Columbia, Mo. Date signed \_\_\_\_\_

19. (a) 8-7-46 (b) Max R E Palmer  
(Date received local registrar) (Registrar's signature)

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

25073

RECEIVED  
District Health Officer No. 9  
District File Number 8-46-51  
Date Filed 8-12-46

STATEMENT BY LICENSED EMBALMER

Not

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 Tom McLaughlin  
Licensed Embalmer No. 7047  
P. O. Address Columbia, 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.