

**FILED SEP 5 1946**

Registration District No. **100**

Primary Registration District No. **3018**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Dent

(b) City or town Salem  
(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 X \_\_\_\_\_  
(Specify whether years, months or days)

In this community four years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dent

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? X \_\_\_\_\_  
(Yes or No)

If yes, name country X \_\_\_\_\_

**3. (a) PRINT FULL NAME** Maggie I Brooks

(b) If veteran, name war X

(c) Social Security No. X

4. Sex female 5. Color or race W

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

(b) Name of husband or wife James Brooks

(c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 13 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>15</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business X

**MOTHER FATHER**

12. Name James Pryor

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Collins

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant James Brooks

(b) Address Salem Mo

17. (a) burial  
(Burial, cremation, or removal)

(b) Date thereof 8/30/46  
(Month) (Day) (Year)

(c) Place: burial or cremation BOSS Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 8-29-46  
(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 28  
year 1946 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 18 1944 to Aug 28 1946  
that I last saw her alive on Aug 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Pneumonia

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

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

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

Of autopsy no

Duration \_\_\_\_\_

**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) no

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

While at work? no  
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Salem Mo Date signed 8-31-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

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**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. 9320

P. O. Address Salmon, Me

**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.**