No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30750

State File No.

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #4, Carthage /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural - Jackson Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #4, Carthage 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MYRTLE BELLE BROOKS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Charles Elmer Brooks

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

7. Birth date of deceased November (Month) 14, (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	9	hr. min.

9. Birthplace Greensburg, (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Taylor /
13. Birthplace X (City, town, or county) Ind. / (State or foreign country)

MOTHER
14. Maiden name Anna Underwood
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harold K. Brooks
(b) Address Route #4, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 8-26-46 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23, year 1946 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug 13, 1946, to Aug 23, 1946, that I last saw her alive on Aug 23, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis Chr myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chr Hypertension - Essential type	
Major findings: Of operations	
Of autopsy	

93D

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 H. C. Byrd M.D. (M. D. or other)

Address Carthage Mo Date signed 8-26-46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-701

NOV 6 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.....Ed [illegible]

Licensed Embalmer No.....3222

P. O. Address.....Carthage

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.