

FILED NOV 12 1946

Registration District No. 267

Primary Registration District No. 5902

I. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti rural
(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 _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Hyrum Brooks

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 14 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 3 7 hr. _____ min.

9. Birthplace Huntsville Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation School boy & cotton picker

11. Industry or business cotton farming

MOTHER FATHER { 12. Name Ernest O. Brooks

18. Birthplace Huntsville Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Smith
16. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest O. Brooks

(b) Address Hayti Mo.

17. (a) burial (b) Date thereof 10/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti Mo.

19. (a) 11-2-46 (b) L. Kullen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 70
(c) City or town Hayti rural 0
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chest injuries and A Broken neck. Duration _____

Due to Being Run Over By A Farm Tractor while Riding on same

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) Accident 78

(b) Date of occurrence 10-21-46

(c) Where did injury occur? Hayti Rural Pemiscot Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Farm
(Specify type of place)
While at work? no (e) Means of injury _____

23. Signature Jack Kelly coroner (M.D. or other) 3
Address Hayti Mo Date signed 10-21-46

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

33140

365

(Licensed Embalmer's Statement on Reverse Side)

11-46-234

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

Jack Kelley

Licensed Embalmer No.

3788

P. O. Address

Dayt. 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, above space should be left blank.