

Registration District No. **174**

Primary Registration District No. **5644**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Rural
(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 Lafayette **54**

(c) City or town Lexington Twp.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) **13**
If yes, name country _____

3. (a) PRINT FULL NAME JULIA E. BROOKS

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 7th
year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4 Dec, 1946 to 7 Feb, 1947; that I last saw her alive on 7 Feb 47, 1947; and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: April 17 1859
(Month) (Day) (Year)

Immediate cause of death arterio-sclerotic heart disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

Major findings: 939

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Henry Bailey

13. Birthplace Highland Prairie, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Helen Bacon

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

16. (a) Informant Mrs. W.S. Starke
(b) Address Lexington, Mo.

17. (a) Removal (b) Date thereof Feb. 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood, Mo.

18. (a) Signature of funeral director Forrest F. Tempel
(b) Address Lexington, Mo.

19. (a) 20 Feb 47 (b) Wm E. Carlisle
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

Signature J. Ward MD (M. D. or other) _____
Address Lexington Mo. Date signed 8 Feb 47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-20-47

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

L. M. Keane

Licensed Embalmer No.

29830

P. O. Address

Leungton, 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.