

FILED JUL 29 1947

Registration District No. **131**

Primary Registration District No. **0025**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Holt**  
(b) City or town **Oregon**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Own Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **4 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULLNAME **Charles William Brooks**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Elizabeth Dema Brooks** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **February 23 1873**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **22** If less than one day hr. min.

9. Birthplace **Cincinnati Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farming**

12. Name **George Brooks**

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

14. Maiden name **Mary Elizabeth West**

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

16. (a) Informant **Mrs. Marjorie Prissman**

(b) Address **Oregon, Missouri**

17. (a) **Burial** (b) Date thereof **July 17 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oregon, Missouri**

18. (a) Signature of funeral director **Clark Mortuary**

(b) Address **5223 King Hill Ave. H. Heights**

19. (a) **July 16** (b) **July 15**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **HOLT 44**  
(c) City or town **Oregon**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
year **47** hour **6:10** minute **P.** M.

21- I hereby certify that I attended the deceased from **June 1**  
**1947**, to **July 15**, 1947;  
that I last saw him alive on **July 15**, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS** 2 M

Due to **ARTERIOSCLEROSIS** 1 Y.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **MI**

Of autopsy

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) (e) Means of injury **2**

23. Signature **H. E. Colbin D.O.** (M. D. or other) **D.O.**

Address **Forest City, Mo.** Date signed **July 15, 47**

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

MOTHER FATHER

16  
A

**DISTRICT HEALTH OFFICE**  
**Carters, Mo.**

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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.....

*Earl A. Clark*

Licensed Embalmer No. *4238*

P.O. Address.....

*St. Joseph, 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.**