S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1947

Registration District No. 3187

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25137

Primary Registration District No. 6036

Registrar's No. 223

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town Doniphan (If outside city or town limits, write "RURAL")
(d) Street No. (Rural) (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Otis Dennis Brooks
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Brooks
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan. 25. 1882. (Month) (Day) (Year)

8. AGE: Years 65. Months 5. Days 3. If less than one day ..... hr. ..... min.

9. Birthplace Ripley Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Thomas Brooks
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dawson
15. Birthplace Williamsville, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Howard Brooks
(b) Address R.F.D. Doniphan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wilson Cemetery
18. (a) Signature of funeral director E. Jordan
(b) Address Doniphan Mo.
19. (a) 7-2-47 (Date received local registrar) (b) C. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1947 hour 7. minute P. M.
21. I hereby certify that I attended the deceased from February, 1947, to June 26, 1947 that I last saw him alive on June 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis — 3 yrs
Due to .....
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) .....
(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 .....
23. Signature Omar Hickey (M. D. or other) DO
Address Doniphan Date signed 6-30-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District 74.7418
Date Filed 7-22-47

AUG 1948

JORDAN FUNERAL SERVICE
DONIPHAN, MO.

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 E. E. Jordan

Licensed Embalmer No. 3200

P. O. Address.....

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.