

FILED DEC 17 1947

Registration District No. 178

Primary Registration District No. 4284

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Belle, Missouri
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Belle
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John David Brooking

3. (b) If veteran, name war _____ 3. (c) Social Security 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 October 18, 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace La Belle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
12. Name James Brooking

13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah West
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Huston
(b) Address La Belle Missouri

17. (a) Burial (b) Date thereof 11/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Belle Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address La Belle, Missouri

19. (a) 12-8-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1947 hour 2 minute 40 M.

21. I hereby certify that I attended the deceased from Nov 18
1947 to Nov 25 1947
that I last saw him alive on Nov 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of
Postate gland Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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) Manner of injury 2

23. Signature [Signature] (M.D. or other) Do
Address La Belle Date signed 11.27.47

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

J

RECEIVED
District Health Officer No. 10
District File Number 12-47-1724
Date Filed DEC 15 1947

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 Myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 4328
P. O. Address La Belle 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.