

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

1. PLACE OF DEATH:

(a) County VERNON

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

(c) Name of hospital or institution:
CON VALLES SPRING HOME 4402 N. CEDAR
(If not in hospital or institution, write street number or location)

(d) Length of stay: LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County VERNON 108

(c) City or town SHELTON
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ZEANVILLE S. BROOKS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE race W

5. Color or _____

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MYRTLE GORDY

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

7. Birth date of deceased JUNE 25 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 8 1 hr. _____ min.

9. Birthplace RANDOLPH CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CARPENTER

11. Industry or business _____

12. Name JIM BROOKS

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

14. Maiden name UNKNOWN

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

16. (a) Informant LUCILLE GRIFFITHS

(b) Address MILMO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-28-48
(Month) (Day) (Year)

(c) Place: burial or cremation TOLSON CEMETARY

18. (a) Signature of funeral director Gerald Berg

(b) Address S. Sheldon, Mo.

19. (a) 3-2-48 (Date received local registrar) (b) Walter H. Nancy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1948 hour 5:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from ON 24 Feb 48 to 1948, 19____ that I last saw him alive on 24 Feb 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Hypertension

Due to Arteriosclerosis

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

Major findings: Of operations g3 p

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? _____ (Specify type of place)

While at work? _____ (Specify of place)

23. Signature Roy W. [unclear] M. D. or other MD

Address Nevada Date signed 26 Feb 48

PHYSICIAN

Underline the cause of which death should be charged statistically.

MAR 17 1948

RECEIVED

District Health Officer No. 7,

District File Number 2-41-199

Date Filed 3-8-48

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. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Sheldon, N.C.

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.