

No. 2  
-1/47  
17-39

FILED APR 14 1948

Registration District No. ....

Primary Registration District No. 5576

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Rural, Dent  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5 miles south of East End  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron (4)  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles south of East End (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Benjamin Brooks

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male race white 5. Color or 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Brooks 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased September 25 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 6 5 hr. min.

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

10. Usual occupation Retired

11. Industry or business  
12. Name Benjamin Brooks  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Thompson  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Luther Brooks  
(b) Address 6534 Hobert, St. Louis Mo.

17. (a) burial (b) Date thereof 4-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Goodland Missouri

18. (a) Signature of funeral director White Funeral Home  
(b) Address W. White Ironton Missouri

19. (a) April 12, 1948 (b) Mrs. Elizabeth Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 25, 1948 to March 30, 1948 that I last saw him alive on March 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death arterial  
vascular insufficiency  
cerebral

Duration 6 and 1/2 days

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN  
Underline the cause of 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? (Specify type of place)  
23. Signature L. W. Tipton (M. D. or other) M.D.  
Address Peeterville MO Date signed 4/8/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 448-499

Date Filed 4-13-48

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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.....

*Was not embalmed*

..... Registered Apprentice No. ....

working under my personal supervision.

Signed *Amel White*

Licensed Embalmer No. *3012*

P. O. Address *Irwin, 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.