. S. No. 2
0M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9016

FILED MAR 31 1948

Registration District No. 1587

Primary Registration District No. 3028

Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1519 Grand Ave., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 1519 Grand Ave., (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Truman BROOKSHIRE
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Shoemaker Brookshire
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased February (Month) 9, (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	0	11	hr. min.

9. Birthplace Diamond, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Sheet Metal Worker
11. Industry or business
FATHER
12. Name Wade H. Brookshire
13. Birthplace Unknown (City, town, or county) Texas. (State or foreign country)
MOTHER
14. Maiden name Margret L. Moxley
15. Birthplace Sarcoxie, (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Mrs. Ethel S. Brookshire
(b) Address 1519 Grand Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 2-23-48 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th. year 1948 hour 9:00 minute A. M.
21. I hereby certify that I attended the deceased from Feb 11, 1948 to Feb 19 1948 that I last saw him alive on Feb 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of colon (Generalized Mitastases)	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Ca of colon 46	
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? (e) Means of injury 0
23. Signature H. E. Bush (M. D. or other)
Address Carthage Mo Date signed 2-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-183

MAR 31 1948

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.