S. No. 2
OM—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11433

Registration District No. 15 Primary Registration District No. 5069 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Lamar Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lamar Township 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Brooks
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dora Carr
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April (Month) 6 (Day) 1857 (Year)

8. AGE: Years 90 Months 11 Days 25 If less than one day hr. min.

9. Birthplace California (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Dr. James Brooks 4
13. Birthplace (City, town, or county) England 1 (State or foreign country)
MOTHER
14. Maiden name Margaret Herrell 1
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mr. Gardner
(b) Address County Farm, Lamar, Mo.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof April 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia, Kansas Sheffield Cemetery
18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Lamar, Mo.
19. (a) APR 3 - 1948 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1948 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Mch 29 1948 to Mch 31 1948
that I last saw him alive on Mch 29 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Influenza	
Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

330

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature H. E. Duckett (M. D. or other) MD
Address Lamar Mo Date signed 4-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-453
Date Filed APR 20 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 Clarence W Chile

Licensed Embalmer No. 3473

P. O. Address Lamar 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.