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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948
Registration District No. 100

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5385

State File No. 12014
Registrar's No. 30

1. PLACE OF DEATH:

(a) County Dent Brooks
(b) City or town Rural Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. x 0
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Harriett Brooks
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Nov (Month) 16 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	5	2	hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business x

FATHER
12. Name Jacob Roach
13. Birthplace W. Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unkown (City, town, or county) (State or foreign country)

16. (a) Informant Elisha Brooks
(b) Address Turtle Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oliner
18. (a) Signature of funeral director [signature]
(b) Address Salem Mo
19. (a) 4-21-48 (Date received local registrar) (b) M.M. Hart MD (A.F.M.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 6 minute 45 A M.

21. I hereby certify that I attended the deceased from 4-13-48, 19..., to 4-18-48, 19...;
that I last saw her alive on 4-13-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Cardiac disease	years
Due to	
Due to	
Other conditions Pneumonia (Include pregnancy within 3 months of death)	weeks

Major findings:
Of operations
Of autopsy

93 D

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

23. Signature M.M. Hart MD (M.D. or other) MO
Address Salem Mo Date signed 4-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 548296
Date Filed 5-8-48

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 Carl K Spinner

Licensed Embalmer No. 2370

P. O. Address Salem 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.