

FILED APR 19 1948

Registration District No. **123**

Primary Registration District No. **3022**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Bethany, Bethany**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Sullivan Rest Home Bethany, Mo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 months**
(Specify whether years, months or days)
In this community **9 months**

3. (a) PRINT FULL NAME **Mary Brooks**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **T** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Brooks Deceased** 6. (c) Age of husband or wife if years **7-18-33**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **25** If less than one day hr. min.

9. Birthplace **Ridgeway, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Attendant in Rest Home**

11. Industry or business

12. Name **Phelander Lindy**

13. Birthplace **unknown Ill.** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Kincaid**

15. Birthplace **unknown Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Ymody**

(b) Address **Bridgeway, Mo**

17. (a) **Burial** (b) Date thereof **4-4-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Robert M. Rogers**

(b) Address **Ridgeway, Mo**

19. (a) **April 3 '48** (b) **Zola Burres** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Harrison**
(c) City or town **Ridgeway, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **S. part of town** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1** year **1948** hour **5:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 7** 1948, to **March 30** 1948, that I last saw him alive on **March 30** 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**

Due to **Renalized arteriosclerosis** year

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Louis A. Bunting** (M.D.) Address **Bethany, Mo** Date signed

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Robert R. Boggers

Licensed Embalmer No.

3576

P. O. Address

Ridgeway 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.