

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32605

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 94

## 1. PLACE OF DEATH:

- (a) County Newton
- (b) City or town Neosho, Missouri  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether  
years, months or days)

3. (a) PRINT  
FULL NAMEEarnest Brooks

## 3. (b) If veteran,

name war None

## 3. (c) Social Security

No. None4, 7 Sex Male 2, 5. Color or race Colored6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

alive..... years

7. Birth date of deceased. January 1, 1879  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

69914

hr. min.

## 9. Birthplace

Neosho

(City, town, or county)

Missouri

(State or foreign country)

## 10. Usual occupation

Retired

## 11. Industry or business

JANITOR

## 12. Name

James Brooks

## 13. Birthplace

(City, town, or county)

N.C.

(State or foreign country)

## 14. Maiden name

Matilda Scott

## 15. Birthplace

(City, town, or county)

unknown

(State or foreign country)

## 16. (a) Informant

Leon Powell

## (b) Address

Joplin, Missouri

## 17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof: 10-16-1948

(Month) (Day) (Year)

## (c) Place: burial or cremation

Peasant Hill

## 18. (a) Signature of funeral director

Corley Thompson

## (b) Address

Neosho, Mo.

## 19. (a)

Nov. 2, 1948

(Date received local registrar)

(b) Melvin C. Bowman

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Newton
- (c) City or town Neosho  
(If outside city or town limits, write "RURAL")
- (d) Street No. Jefferson Ave.  
(If rural, give location)
- (e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15  
year 1948 hour 7:15 minute 2 M.21. I hereby certify that I attended the deceased from  
June, 1948, to Oct 15, 1948;  
that I last saw him alive on Oct 10, 1948,  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of  
Abdomenatic - Liver,  
Arterio Sclerosis  
Due to myo. Carditis

Duration

Several  
months  
(6)

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 RC Yanson (M. D. or other)  
Address Neosho Mo Date signed 10/24/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD  
CLOSED

RECEIVED

District Health Officer *Newton Co. May 16/48*  
No. *6777*  
District File Number *1148-411*  
Date Filed *11-8-48*

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.....

*Rollie Fessel*, Registered Apprentice No. *228*  
working under my personal supervision.

Signed *Corley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neesho 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.