

FILED FEB 16 1941
 58

Registration District No. _____ Primary Registration District No. 5502

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Leeton
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
 (c) City or town Leeton
 (d) Street No. _____
 (e) Citizen of foreign country? _____
 If yes, name country _____

3. (a) PRINT FULL NAME Anna May Brooks

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

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife H.A. Brooks
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 18 1869
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Sadalia, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Paxton
 13. Birthplace Cooper Co, Mo
 14. Maiden name Rutha Stevens
 15. Birthplace Henry Co, Mo.

16. (a) Informant H.A. Brooks
 (b) Address Leeton, Mo.

17. (a) Burial (b) Date thereof 12-6-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Mound

18. (a) Signature of funeral director Fred Wilkinson
 (b) Address Clinton, Mo.

19. (a) Dec. 6, 1941 (b) Georgia Kitchner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
 year 1941 hour 6:00 minute _____ M.

21. I hereby certify that I attended the deceased from 7-23 1941 to 11-29 1941
 that I last saw H.A.R. alive on 11-29 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Cancer of Liver
 Duration 23 years
4 mo.

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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)
 23. Signature Eugene D. Turle (M. D. or other) MD
 Address Clinton, Mo. Date signed 12-4-41

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

DEC 2 1949

JUL - 6 1950

DEC 27 1948

RECEIVED

District Health Officer No. 7,

District File Number 2-42-49

Date Filed 2-10-42

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 Fred Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clentony 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.