

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5612
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2238 Forest Registered No. 811 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2238 Forest St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-11 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenk 9

FATHER 13. NAME Wm. Regor 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenk 1

MOTHER 15. MAIDEN NAME Emma Wtk. 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Mrs. C. S. Foster
 (ADDRESS) 918 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2/24 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. S. Foster
 (ADDRESS) 918 Brooklyn

20. FILED 2/24 1939 M. M. Browne
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1939, to 2/22 1939

I last saw h. or alive on 2/21 1939. Death is said to have occurred on the date stated above, at 5:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Influenzal Pneumonia
Ch. Myocarditis
Ch. Nephritis

Date of onset

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Sullivan _____, M. D.

(Address) 10207 Ruby Ave. Kansas

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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 Theron A. Redmon

Licensed Embalmer No. 2737
918 Brooklyn
P. O. Address Kansas City, 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, above space should be left blank.