

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH17810
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2212
 (c) City Kansas City (d) Street No. 6439 Penn Street 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 47 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME born Mrs. Ruth Middlebrook See

(a) Residence, No. 6439 Penn Street 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam. C. See

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME R. B. Middlebrook

14. BIRTHPLACE (CITY OR TOWN) Conn.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise E. Rutter

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

17. INFORMANT Sam C. See
 (ADDRESS) 6439 Penn Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5-29-39, 19

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) Kansas City, Missouri

20. FILED May 28, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1932 to May, 1939
 I last saw her alive on May 27, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset

Other contributory causes of importance:
arterio-sclerosis
concomitant Disease

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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? no
 If so, specify
 (Signed) Wm. A. Jackson M. D.
 (Address) 1107 Bryant

The Embalmer

416 W. 61

Dec. 4 1921

1681
63
5431

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.....

Licensed Embalmer No.....

P. O. Address.....

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.