

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

Rev. 5-17-39  
1110311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9727

State File No. \_\_\_\_\_

FILED APR 12 1940  
399

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1151

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital No. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether /  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1521 Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME JERRY LEE BROOKS 620

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. 2nd, 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City, Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation None a Child.

11. Industry or business \_\_\_\_\_  
12. Name Lawrence Brooks,  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Bettie Rice,  
15. Birthplace Kansas.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nina Rice,  
(b) Address 1521 Central Str., Ph: Ha: 0494.

17. (a) Burial (b) Date thereof 3-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park,

18. (a) Signature of funeral director Mrs. C. L. Forster,  
(b) Address 918 Brooklyn Avenue

19. (a) 3-14-40 (b) M. J. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th  
year 1940 hour 3 minute 47 A.M.

21. I hereby certify that I attended the deceased from 3-10-40, 19\_\_\_\_, to 3-13-40, 19\_\_\_\_;  
that I last saw him alive on 3-13-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Otitis media with meningitis, cause undetermined.

Due to \_\_\_\_\_  
Due to 89a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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 1

23. Signature G. F. De Maria, M.D. (M. D. or other)  
Supt. K.C. Gen. Hospital, K.C. Mo. 3-13-40  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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 B. Redmon*

Licensed Embalmer No.....

*2237*

P. O. Address.....

*R.P. 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.**