

JAN 8 1941
Registration District No. **399**

Primary Registration District No. **1002**

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

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3819 Central
(d) Length of stay: In hospital or institution 10 months
In this community 10 months

3. (a) PRINT FULL NAME Julia Brooks

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sam Brooks 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 12 1862

8. AGE: Years 78 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Tenn.

10. Usual occupation At Home

11. Industry or business

12. Name Rev Jones

13. Birthplace Tenn.

14. Maiden name Sarah

15. Birthplace Unknown

16. (a) Informant Charles O. Marshall

(b) Address 3819 Central

17. (a) removal (b) Date thereof 12/7/40

(c) Place: burial or cremation Mount Pleasant, Tenn

18. (a) Signature of funeral director William Brad

(b) Address 1729 Lydia

19. (a) 12-7-40 (b) M. M. Crown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3819 Central
(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from November 17th 19 40 to December 3rd 19 40

that I last saw her alive on December 3rd 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency
Chronic myocarditis

Due to 92 W

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Dr. T. A. Hambrick (M.D. or other)

Address 209 Lincoln Bldg Date signed 11-6-40

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 Isaac Jerome Maplove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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.