

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1185

Registrar's No. 145

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

Jackson

(a) County.....
(b) City or town..... Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1704 East 26th St., Apt. 3
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution.....
In this community..... 3 months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 110
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1704 East 26th St., Apt. 3
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Kenneth E. Brooks

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

4. Sex M 5. Color or race Col 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. October 5, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 4 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Edmond Brooks
13. Birthplace Muskogee Oklahoma /
(City, town, or county) (State or foreign country)
14. Maiden name Katrina Lyons
15. Birthplace Augusta Georgia /
(City, town, or county) (State or foreign country)

16. (a) Informant Edmond Brooks

(b) Address 1704 East 26th St., Apt. 3

17. (a) burial (b) Date thereof 1/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director H. M. Brown

(b) Address 1729 Lydia

19. (a) Jan 11, 1941 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 1-9-41
year..... hour..... minute 58 M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Due to.....

no other complications

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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.....

23. Signature *M. M. Browne* (M. D. or other).....

Address..... Date signed.....

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

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 _____

Clifford Woods

Licensed Embalmer No. 3106

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.