

Registration District No. 134

Primary Registration District No. 14088

Registrar's No.

1900

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

1. PLACE OF DEATH: Cass  
 (a) County Cass  
 (b) City or town Garden City Index  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether)  
 In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cass 19  
0  
 (c) City or town Garden City 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Missouri  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0  
years

3. (a) PRINT FULL NAME Permetta Jane Brooks

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 23  
 year 1941 hour 3:00 minute 17 P.M.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

21. I hereby certify that I attended the deceased from Jan 14  
1941 to May 23 1941  
 that I last saw him live on May 23 1941  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife M.H. Brooks 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Nov. - 18 - 1861  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Lung 6 Mo  
Ca. Thyroid 1 1/2 yrs  
 Due to no  
 Due to no

8. AGE: Years 73 Months 6 Days 4 If less than one day ✓ hr. ✓ min.

Other conditions no 50 ✓  
(Include pregnancy within 3 months of death)

9. Birthplace Greenfield / Indiana  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations no  
 Of autopsy no

10. Usual occupation at Home

11. Industry or business ✓

12. Name James Pauley

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Maamia Babcock

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant M.H. Brooks

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(b) Address Garden City Mo.

(b) Date of occurrence no

17. (a) Burial (b) Date thereof May 25-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? no  
(City or town) (County) (State)

(c) Place: burial or cremation Garden City Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

18. (a) Signature of funeral director M. H. Brooks  
(b) Address 1111 Broadway

(e) Means of injury no  
23. Signature Edw. J. ... (M. D. or other) 1  
Address Garden City Mo Date signed May 24 1941

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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 Samuel B. Papp  
Licensed Embalmer No. 4044  
P. O. Address Holden, 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, fact should be so stated above.**