

Registration District No. 149

Primary Registration District No. 1002

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 38 yrs.
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. 118 1/2 Independence
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Brooks, Fred

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unR. 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Book Keeper

11. Industry or business Retired

MOTHER FATHER { 12. Name James Brooks
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name M. A. Kingie
15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Brooks

(b) Address 220 W. Davenport R.R. MO

17. (a) Removal (b) Date thereof 10-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill R.C. Kansas

18. (a) Signature of funeral director James Funeral Home

(b) Address Missouri Kansas

19. (a) 10-21-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from October 16, 1942, to Oct. 20, 1942, that I last saw him alive on October 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to g.p.v.
Due to

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

Major findings: g.p.v.
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) (b) Means of injury

23. Signature Drury R. Thayer (M. D. or other)
Address Date signed

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

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003

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.....

J. Ramsey

Licensed Embalmer No. *4165*

P. O. Address. *Union Kansas*

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.