

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 # 20  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 1/15/43 to 1/22/43  
(Specify whether)  
 In this community 2.5 years  
years, months or days

3. (a) PRINT FULL NAME Aaron M. Brooks  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 195-03-8686

4. Sex Male  
 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma Brooks  
 6. (c) Age of husband or wife if alive 40 years  
 7. Birth date of deceased April 15 1901  
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 7  
If less than one day  
 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morehouse Parish, La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of Baranach  
 11. Industry or business Cafe of Japanese

MOTHER FATHER

12. Name Bates Brooks  
 13. Birthplace Morehouse Parish, La.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Grant  
 15. Birthplace Morehouse Parish, La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Roosevelt Brooks  
 (b) Address 2304 E. 13th St.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Jan. 27, 1943  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Highland

18. (a) Signature of funeral director E. Sterling Billa  
 (b) Address 1212 Vine, K.C., Mo.  
 19. (a) 1-26-43  
(Date received local registrar) (b) M. M. Brown  
(Registrar's signature)

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. 2304 E. 13th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 22  
 year 1943 hour 10:00 minute \_\_\_\_\_ P: \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Deputy Coroner \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Homicide  
Sunshot wound of chest-  
and abdomen  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 116

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy yes

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Homicide  
 (b) Date of occurrence Jan 15-43  
 (c) Where did injury occur? Kans City Jackson Mo  
(City or town) (County) (State)  
In Tavern cor 12th & Vine  
(Specify type of place) /  
 While at work? yes (e) Means of injury fire arms  
 23. Signature E. P. Richardson \_\_\_\_\_  
(D. or other)  
 Address 1832 Vine Date signed 1-24-43

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

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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..... *E. Sterling Bells* .....

Licensed Embalmer No. *3178* .....

P. O. Address *1212 Pine K.C.M.* .....

**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.**