

FILED NOV 19 1943

Registration District No. 749

Primary Registration District No. 1002

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

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: H. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 26 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2410 Holmes
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amie Brooks

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

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clayton H. 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 21 1918
(Month) (Day) (Year)

8. AGE: Years 25 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Los Angeles Calif
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher Music

11. Industry or business same

MOTHER { 12. Name Fred Euler

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

14. Maiden name Billie Ford

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

16. (a) Informant Mrs. Elsie Brooks

(b) Address 6351 Passaic ave

17. (a) Removed (b) Date thereof Nov-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntington Calif

18. (a) Signature of funeral director Ernest Meyberly

(b) Address 2315 Linwood

19. (a) 11-1-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1943 hour 3 minute 17 A.M.

21. I hereby certify that I attended the deceased from October 6th 1943 to November 1st 1943
that I last saw h. er alive on November 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute Bacterial Endocarditis Duration _____

Due to _____

Due to 9/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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 Drum R. Thon (M. D. or other) 11-1-43
Address Gen'l Hosp. Date signed _____

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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..... *Roy E. Snow*
Licensed Embalmer No..... *2566*
P. O. Address..... *Lemwood at Olive*

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.