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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 191

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No. 378

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~~: K. C. General Hospital No. 10 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. 50 min. (Specify whether years, months or days)

In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 5211 Wabash (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME John A Brooks

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-1936

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. JULIA E. BROOKS

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased APRIL (Month) 11 (Day) 1911 (Year)

8. AGE: Years 32 | Months 9 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace BELL FLOWER (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TOOL SETTER

11. Industry or business LAKE CITY ORDNANCE WORKS

FATHER
12. Name JAMES D. BROOKS
13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name LAURA BURKS
15. Birthplace MONTGOMERY COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. JULIA E. BROOKS

(b) Address 5211 WABASH AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN-24-1944 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ BELL FLOWER, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Jan 24, 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1944 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from January 22, 1944, to January 22, 1944 that I last saw him alive on January 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 1-22-44

(Licensed Embalmer's Statement on Reverse Side)

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. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.