. S. No. 2
0M—2-43
y. 5-17-39
I X35697

19
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 59

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17726

Primary Registration District No. 4097

Registrar's No. 90

1. PLACE OF DEATH: Cass
(a) County Harrisonville
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Harrisonville 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen ~~of foreign country~~? (Yes or No)
If yes, name country Mo 0

3. (a) PRINT FULL NAME Blanch Brooker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 25 (Month) (Day) 1895 (Year)

8. AGE: Years 48 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation School teacher
11. Industry or business
FATHER
12. Name Fred J Brooker
13. Birthplace Iowa (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Nevada Brooks
15. Birthplace Ill (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. F. J. Brooker
(b) Address Garden City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 31 44 (Month) (Day) (Year)
(c) Place: burial or cremation Garden City Cem.
18. (a) Signature of funeral director [signature]
(b) Address Garden City, Mo.
19. (a) June 5, 1944 (Date received local registrar) (b) Margaret Vale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27
year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 26, 1944, to May 27, 1944, that I last saw h Sr alive on May 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death ACCIDENTAL- Crushed skull injury in Train and Buss accident at R.R? Crossing at Mo.Pac Ry Depot in Harrisonville, Mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 170 a-6

Major findings:
Of operations 22
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) Acc. 019
(b) Date of occurrence 5-26-44
(c) Where did injury occur? Harrisonville, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? — (e) Means of injury Train & Bus Col.

23. Signature David Shang (M.D. or other)
Address Harrisonville Mo Date signed 5/28

1141 (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 J. M. Kauffman, Registered Apprentice No. 1030, working under my personal supervision.

Signed J M Kauffman

Licensed Embalmer No. 1030

P. O. Address Garden City, 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.