

FILED MAR 7 1945

Registration District No. **147**

Primary Registration District No. **1802**

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:  
**General Hospital #2 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2-16-45-2-22-45**  
(Specify whether years, months or days) **1 Yr**

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") **48**  
(d) Street No. **1712 Forest**  
(If rural, give location) **3**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Brooks**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **February** day **22**  
year **1945** hour **7:45** minute **P** M.

4. Sex **Female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **E. H. Brooks**  
(c) Age of husband or wife if alive years **20**  
7. Birth date of deceased **Sept 20 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **February 16 1945** to **February 22 1945**,  
that I last saw h. **er** alive on **February 22 1945**,  
and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **5** Days **2**  
If less than one day hr. min.

Immediate cause of death **Cerebro-vascular accident** Duration  
Due to **Hypertension**

9. Birthplace **La.** (City, town, or county) (State or foreign country)  
10. Usual occupation **At home**

Due to  
Other conditions (Include pregnancy within 3 months of death) **830**

MOTHER FATHER

11. Industry or business  
12. Name **Sandy Rea**  
13. Birthplace **Unk 9** (City, town, or county) (State or foreign country)  
14. Maiden name **Lelia**  
15. Birthplace **N.C. 1** (City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**  
(b) Address **Genl Hosp #2**  
17. (a) **removal** (b) Date thereof **2/24/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Beggs Chh**  
**Watkins Bros**  
18. (a) Signature of funeral director **Lydia**  
(b) Address **2-24-45**  
19. (a) **2-24-45** (b) **N. E. Brown**  
(Date received local registrar) (Registrar's signature)

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 **B. C. [Signature]** (By D. or other)  
Address **Genl Hosp #2 600 E. 22** Date signed **2-24-45**

**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 Jerome Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**