

National Office of Vital Statistics
FILED SEP 8 1947

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3200

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community about 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. 821 E 10th St
(e) Citizen of foreign country? unknown

3. (a) PRINT FULL NAME W. A. BROOKS

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

4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced, unknown
6. (c) Age of husband or wife if alive, unknown years
7. Birth date of deceased, unknown

8. AGE: Years about 80, Months, Days, If less than one day

9. Birthplace, unknown

10. Usual occupation, none

11. Industry or business, unknown

12. Name, unknown

13. Birthplace, unknown

14. Maiden name, unknown

15. Birthplace, unknown

16. (a) Informant, Coroner Report

(b) Address, Coroner's office

17. (a) Burial, (b) Date of removal, 8/29/47

(c) Place: burial or cremation, St. Ignace Cem

18. (a) Signature of funeral director, E. Stuyling

(b) Address, 1212 E. Stuyling, MO

19. (a) 8-29-47, (b) Registrar's signature, Gerald Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1947 hour 8:20 minute A.M.

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

Immediate cause of death: Coronary Sclerosis

Due to...
Due to...

Other conditions...
Major findings: Regrets, Coroner
Of operations...
Of autopsy: History

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature: W. E. Upsher
Address: 2801 Main

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

48
3
8
0

MOTHER FATHER

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

C. Sterling Bills

Licensed Embalmer No. *3178*

P. O. Address *1212 1/2 Mich. St. C-7*

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.