

FILED MAR 27 1948

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 1252

8601

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 NO. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 HRS.
(Specify whether years, months or days)
 In this community lifetime

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")
 (d) Street No. 1725 BELLVIEW
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN BROOKINS

(b) If veteran, name war no (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, MARRIED

(b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 17, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>20</u>	hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business _____

MOTHER FATHER

12. Name GEORGE BROOKINS

13. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARY

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant LAURA CLEMONS (SISTER)

(b) Address 1725 BELLEVIEW

17. (a) Seeds Mo (b) Date there 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seeds

18. (a) Signature of funeral director Heather Beer

(b) Address 2304 Vine St

19. (a) 3-20-48 (b) Heralding Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION—

20. DATE OF DEATH: Month JANUARY day 7,
 year 1948 hour 10: minute 20 P. M.

21. I hereby certify that I attended the deceased from JANUARY 7, 1948
7, 1948 to JANUARY 7, 1948
 that I last saw him IM alive on JANUARY 7, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL EDEMA
SUBARACHNOID HEMORRHAGE
HYPERTENSION WITH RIGHT AND LEFT
VENTRICULAR FAILURE

Duration _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy SAME AS 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 [Signature] (M. D. or other) M.D.
 Address GENERAL HOSPITAL NO. 2 Date signed 1/8/48

12 5 11

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 .....

Licensed Embalmer No. 2540

P. O. Address 2304 Vine

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.