

WRITE PLAINLY—USING 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 2017 Chelsea Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 yrs.  
(Specify whether years, months or days)

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. 2017 Chelsea Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 22nd  
 year 1948 hour 10 minute 10 P.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Harry J. Brooks  
 6. (c) Age of husband or wife if alive 1884 years  
 7. Birth date of deceased: June (Month) 1st (Day) 1884 (Year)

21. I hereby certify that I attended the deceased from March 4, 1948 to March 22, 1948  
 that I last saw her alive on March 22, 1948  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>21</u>	<u>hr. min.</u>

Immediate cause of death Cerebral Hemorrhage  
 Due to Arterio. Sclerosis  
 Duration 2 days

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions —  
(Include pregnancy within 3 months of death)  
 Major findings: g3a  
 Of operations —  
 Of autopsy —

11. Industry or business —  
 12. Name Edward Sanford  
 13. Birthplace New York  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jeannie Wilson  
 15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dale A. Brooks  
 (b) Address 2017 Chelsea  
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/26/48  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Parsons, Kansas  
Earp & Sons  
 18. (a) Signature of funeral director Earp & Sons  
 (b) Address 4139 East 15th Street  
 19. (a) 3-24-48 (Date received local registrar) (b) Theraldine Holmes (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 name of place)  
 While at work? — (e) Means of injury.....  
 23. Signature Ralph Perry (M. D. or other) M.D.  
 Address 4800 E 24 Date signed 3-23-48

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 James W. Earp  
working under my personal supervision. Registered Apprentice No. 203

Signed John B. Earp  
Licensed Embalmer No. 2955  
P. O. Address K. C. 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.