

FILED JUL 12 1948
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2697**

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:
1024 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **unknown**
years, months or days

3. (a) PRINT FULL NAME **Mary Brooks**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Unk.**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 82 hr. min.

9. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **unknown**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Griffin**

(b) Address **1024 Garfield**

17. (a) **removal** (b) Date thereof **7-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Surgery K. C. College of Osteopathy**

18. (a) Signature of funeral director **Higgins Bros.**

(b) Address **1729 Dyckline Ave.**

19. (a) **6-29-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **1024 Woodland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10th**
year **1948** hour **10** minute **40** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Cerebral Fracture**

Due to **Skull**
Other conditions **Apparently a hacket**
(Include pregnancy within 9 months of death)

Major findings: **167**
Of operations _____

Of autopsy **No Permit**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **6-10-48**

(c) Where did injury occur? **N.E. Jackson, Mo.**
(City of town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 1024 Woodland

While at work _____ (Specify type of place) (e) Means of injury **Skull Fracture**

23. Signature **William O. Williams** (M. D. or other) **D.C.**

Address **2636 Brooklyn** Date signed _____

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Malone

Licensed Embalmer No. 3924

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.