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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18652

FILED JUN 17 1940

Registration District No. 400 — Primary Registration District No. 5553B — Registrar's No. 109

1. PLACE OF DEATH:

(a) County Jackson Prairie Tyr

(b) City or town ~~Kansas City~~ Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 266 South Coy
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

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3. (a) PRINT FULL NAME Mrs. Fleta Brooks McMillian

3. (b) If veteran, name war No

3. (c) Social Security No. 515-09-9076

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Troy McMillian

6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased November (Month) 15, (Day) 1917 (Year)

8. AGE: Years 22 | Months 6 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Masseur

11. Industry or business Hartzfelds

FATHER
12. Name G.W. Brooks
13. Birthplace Louisiana, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Servitch
15. Birthplace Higginsville, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant T. E. Brooks
(b) Address 266 South Coy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director Harry Butler
(b) Address 753 Central Kansas City Kansas

19. (a) 5/29/40 (Date received local registrar) (b) Sara G. Gaines (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-23-40 day
year ..... hour 6 minute 80 P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemoperitoneum

Due to Rupture of the Spleen

Due to Automobile Traumatic

Other conditions Cerebral Concussion
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence 5-22-40
(c) Where did injury occur? Jackson (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
9:32 Highway (Specify type of place)
While at work? (e) Means of injury Thrown out of car

23. Signature Russell W. Fair (M. D. or other)
Address KCMO Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 2-795

P. O. Address.....

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, above space should be left blank.