

FILED APR 15 1941
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town _____
(c) Name of hospital or institution: 515 East 9
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME: Detrick R. Brooks
8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 2, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 27 hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business _____

MOTHER FATHER
12. Name Detrick Brooks
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Knocker
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Bletrother
(b) Address Newton, Kansas

17. (a) Removal (b) Date thereof 3-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton, Kansas

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway, K. C. Mo.

19. (a) 3/30/41 (b) M. M. Crowe
(Defer recipient, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 521 East 9 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29
year 1941 hour 9 minute 10 A. M.

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

Immediate cause of death
Lobar Pneumonia
Due to Hypertension, Vally Lew
Due to 130
Other conditions (include pregnancy within 3 months of death) 178

Major findings:
Of operations _____
Of autopsy _____
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? _____

White at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature Russell (M. D. or other) _____
Address _____ Date signed _____

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

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 Paul G. Rowe
Licensed Embalmer No. 2847
P. O. Address H. E. 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, above space should be left blank.