

FILED FEB 6 1945  
Registration District No. 179

Primary Registration District No. 1602

Registrar's No.

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:  
Home - 1402 Bennington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
In this community 25 Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>  
(c) City or town Kansas City <sup>5</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>  
(d) Street No. 1402 Bennington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Minton D. Brooks

3. (b) If veteran, name war No 3. (c) Social Security No. 495-03-1154

4. Sex Male / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maud Brooks 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Sept. 11th, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 4 hr. min.

9. Birthplace Tennessee /  
(City, town, or county) (State or foreign country)

10. Usual occupation Service Station

11. Industry or business For Self

12. Name Unknown

13. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maud Brooks  
(b) Address 1402 Bennington Ave.

17. (a) Burial (b) Date thereof 1/17/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Earp Funeral Home  
(b) Address 4139 East 15th, St

19. (a) 1-15-45 (b) T.E. Brown (103)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th,  
year 1945 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from Mar 5, 1944  
to Jan 15, 1945  
that I last saw him alive on 1-14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism from coronary occlusion <sup>4 days</sup>  
Hypostatic pneumonia  
Due to myocardial infarction <sup>2 year</sup>  
hypertensive heart disease <sup>2 more</sup>  
Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 d / 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?                     

While at work?                      (Specify type of place) (Means of injury)  
23. Signature J. E. M. Hale (M. D. or coroner)  
Address 4620 Indep. Ave. Date signed 1-15-45

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

MOTHER FATHER

Nov 2  
1955

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**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

*John B. Lemp*

Licensed Embalmer No. *2955*

P. O. Address. *H. C. Geo*

**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.**