S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19418

State File No. 2453

FILED JUN 25 1945

Registration District No. 149

Primary Registration District No. 1002

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-30-45-5-31-45 (Specify whether years, months or days)
In this community 50 yrs

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.: 4519 Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: PETT BROOKS
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leroy Brooks
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: April (Month) 1 (Day) 1895 (Year)

8. AGE: Years 50 | Months 1 | Days 30 | If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: laundress
11. Industry or business:
MOTHER FATHER
12. Name: James Sprangles
13. Birthplace: Salene County (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Amee Oliver
15. Birthplace: Salene County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: Gen. Hosp. #2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland
18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1729 Lydia
19. (a) 6-9-45 (Date received local registrar) (b) Geraldine Helmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1945 hour 6:15 minute a. M.
21. I hereby certify that I attended the deceased from May 30, 1945, to May 31, 1945 that I last saw her alive on May 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis — Duration

Due to: Colitis ulceration with rupture — 5 yrs.

Due to: Rectal Stricture

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 12 0 45
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? (Specify one of place)
While at work? Means of injury

23. Signature: [illegible] (M. D. or Coroner)
Address: Gen. Hosp. #2 - 600 E. 22 Date signed 6-1-45

(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 J. Jerome Mandone

Licensed Embalmer No. 3994

P. O. Address 2503 Hayward

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.