No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24105

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3179

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: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1030 Benton Blvd 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eliza Helen Brooks
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W. C. Brooks
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 25 1857 (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Iowa (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Whitcomb
13. Birthplace no Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Goddard
15. Birthplace Pa (City, town, or county) (State or foreign country)
16. (a) Informant Fred L Brooks
(b) Address 805 Pennington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn
19. (a) 7-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 1:00 minute a M.

21. I hereby certify that I attended the deceased from January 1947 to July 27 1947 that I last saw her alive on July 26 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Accident Following Cerebral Haemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Acute Empyema of The Gall Bladder.

Major findings: Of operations Empyema of Gall Bladder

Of autopsy No

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)
(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 type of place)
While at work? (e) Means of injury

23. Signature Paul A. L. Johnson (M. D. or other)
Address 3011 A. Ludeys Ave. Date signed 7/28/47

(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 Robert A. Hermann

Licensed Embalmer No. 3700

P. O. Address Kansas City, 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, fact should be so stated above.