No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31117

FILED SEP 23 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3820

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

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 Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 55 Years (Specify whether years, months or days)

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. 2409 Askew 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Barbara Ellen Brooks
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Frank W. Brooks
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 3 (Month) 6 (Day) 1855 (Year)

8. AGE: Years 92 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George W. Kissell
13. Birthplace (City, town, or county) Pensylvania (State or foreign country) 1
MOTHER
14. Maiden name Mary Ann Snyder
15. Birthplace (City, town, or county) Pensylvania (State or foreign country) 1
16. (a) Informant Miss Nellie F. Brooks
(b) Address 2409 Askew
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri
19. (a) 9-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th. year 1947 hour minute P.M.

21. I hereby certify that I attended the deceased from Sept 3, 1947, to Sept. 6, 1947 that I last saw her alive on Sept. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	46 hrs.
Due to Myocardial Degeneration	
Due to	
Other condition Fracture of Left Neck of Femur. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 186a 18

PHYSICIAN
Underline the cause of 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 123
(b) Date of occurrence Sept. 4 1947
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home 2409 Askew (Specify type of place) 2
While at work? at home (b) Means of injury fell out of bed
23. Signature Jim L. Thompson DO (M. D. or other)
Address 3800 E 27, K.C. Mo. Date signed 9-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Thompson

~~or Dr. Nagel~~

Rep. 654-W-70 st

Hr 1364

Dr Thompson will come by & sign Monday a.m.

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn K. C., 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.