

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 2 weeks
years, months or days (Specify whether)

3. (a) PRINT FULL NAME: Susie Jane Rook

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sim Rook 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 4, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Plato Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Bradford

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Harrison

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arba Howard

(b) Address 604 N. 6th. Kansas City, Kans.

17. (a) removal (b) Date thereof 4-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Plumett Hill, Mo.

19. (a) 4-11-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Strasburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948, 5 hour 55 minute P.M.

21. I hereby certify that I attended the deceased from March 1, 1948, to April 11, 1948.
that I last saw her alive on April 11, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 10 days

Due to Hemoglobinuric nephrosis 11 days

Due to Blood transfusion 11 days

Other conditions Fracture left hip 30 days
(Include pregnancy within 3 months of death)

Major findings: Fracture left hip 1860
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) accident 19

(b) Date of occurrence 3-13-48

(c) Where did injury occur? Strasburg, Cass, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) fall
(e) Means of injury

23. Signature Russell Taylor (M. D. or other)
Address 4301 Main St. Kansas City Mo. Date signed 4/11/48

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.....

Alan Hill

....., Registered Apprentice No. *8*

working under my personal supervision.

Signed.....

Alan Brownfield

Licensed Embalmer No. *3785-*

P. O. Address.....

Pleasant Hill, 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.