S. No. 300
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ev. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26167

Registrar's No. 3322

8
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8

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: 0
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 DAYS (Specify whether years, months or days)
In this community NON RESIDENT

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town INDEPENDENCEY 4
(If outside city or town limits, write "RURAL")

(d) Street No. 608 NORTH HIGH ST. 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EMMA BROOKS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife WILLIS BROOKS

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased April (Month) 12 (Day) 1874 (Year)

8. AGE: Years 74 Months 4 Days 0 If less than one day hr. min.

9. Birthplace LEXINGTON (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name UNKNOWN 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name PRISCILLA FREEMAN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant BENJAMIN HARRISON JONES (SON)
(b) Address 2118 TRACY

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director [illegible]
(b) Address 1702 [illegible]

19. (a) 8-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 12, year 1948 hour 10: minute 40 A. M.

21. I hereby certify that I attended the deceased from JULY 27, 1948, to AUGUST 12, 1948; that I last saw him ER alive on AUGUST 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED ARTERIOSCLEROSIS — *Duration*
2. ARTERIONEPHROSCLEROSIS

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1 2 0

Major findings:
Of operations

Of autopsy SAME AS ABOVE

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 [illegible] M.D. (or other)
Address GENERAL HOSPITAL NO. 2 Date signed 8/12/48

(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 L. Jerome Meadows

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.