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I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20678  
Registrar's No. 3726

Registration District No. 149

Primary Registration District No. 1002

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 12 DAYS  
(Specify whether  
In this community 62 YRS.  
years, months or days)

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. 917 VINE STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME LOUIS BROOKINS

3. (b) If veteran, name war No 3. (c) Social Security No. 486-07-2664

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GENEVA BROOKINS 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased DECEMBER 23, 1885  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 16 If less than one day hr. min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business \_\_\_\_\_

12. Name HENRY BROOKINS

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

14. Maiden name AMELIA

15. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant GENEVA BROOKINS (MOTHER) WIFE  
(b) Address 917 VINE STREET

17. (a) Burial (b) Date thereof 9/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address 1729 Lydia Ave.

19. (a) 9-13-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 9, year 1948 hour 1: minute 20 P. M.

21. I hereby certify that I attended the deceased from AUGUST 28, 1948 to SEPTEMBER 9, 1948  
that I last saw h. IM alive on SEPTEMBER 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIO-NEPHROSCLEROSIS Duration \_\_\_\_\_  
2. UREMIA

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 131a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy SAME AS ABOVE

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address GENERAL HOSPITAL NO. 2 Date signed 9/10/48

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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 Monroe*

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.**