

FILED DEC 29 1948

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
1315 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **10 Years**
years, months or days

3. (a) PRINT FULL NAME **Callie Brooks**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Brooks**

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

7. Birth date of deceased **December 25, 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	18	hr. _____ min.

9. Birthplace **Belleville, Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Louis Warner**

{ 13. Birthplace **Belleville, Texas**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Hattie**

{ 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Brooks**

(b) Address **1315 Parrison**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **12/17/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary Cemetery**

18. (a) Signature of funeral director **Wiggins Bros.**

(b) Address **1729 Lydia Avenue**

19. (a) **12-16-48** (Date received local registrar)

(b) **Gertrudine Holmes** (Registrar's signature)

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. **1315 Harrison**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13**
year **1948** hour **10** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **Dec 9, 1948** to **Dec 12, 1948**
that I last saw her alive on **Dec 12, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

acute dilatation of heart
Broncho Pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
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) _____

(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? _____

L. P. Richardson (Specify type of place)
While at work _____ (e) Means of injury **U**

23. Signature **L. P. Richardson** (M. D. or other)
Address **1801 Vine** Date signed **12-16-48**

Dr. Richards

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 *D.J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2523 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.