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FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27126

46

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY - Rural	
c. LENGTH OF STAY (in this place) 51 YEARS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8833 HOLMES STREET		d. STREET ADDRESS (If rural, give location) 8833 HOLMES STREET	

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) LOUISE c. (Last) BROOKS			4. DATE OF DEATH (Month) (Day) (Year) 8 14 49		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 11, 1871		9. AGE (In years last birthday) 78		10. CITIZEN OF WHAT COUNTRY? DES MOINES, IOWA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME KARL F. BROWN		13b. MOTHER'S MAIDEN NAME AMELIA SPORZ		14. NAME OF HUSBAND OR WIFE GEORGE HENRY BROOKS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. KOTO McGRATH, 8833 HOLMES	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarct</u> <u>heart block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4/20	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-15-48</u> , 19 <u>48</u> , to <u>8-15-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-15-49</u> , 19 <u>49</u> and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.					

23a. SIGNATURE <u>J. J. Howell III</u>		(Degree or title)		23b. ADDRESS <u>825 Angyle</u>	
23c. DATE SIGNED <u>8-16-49</u>		24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE <u>8-18-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			

DATE REC'D BY LOCAL REG. <u>8/17/49</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie G. Hadger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Howell Co. 3256 BROADWAY</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

AUG 23 RECD

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Paul G. Rowe

Licensed Embalmer No. 2349

P. O. Address.....

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.