. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 277

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9498

Primary Registration District No. 1002

Registrar's No. 907

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-6-41-2-24-41 (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Old Folk's Home
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Isaac Britt
3. (b) If veteran, name war Unk
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 47 Months — Days — If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Western Dental College
18. (a) Signature of funeral director Elymer Greenstreet
(b) Address City
19. (a) 3/4/41 (Date received local registrar) (b) M. M. Crouch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24 year 41 hour 4 minute 25 P. M.
21. I hereby certify that I attended the deceased from 2-6- 1941 to 2-24- 1941 that I last saw h. 1m alive on 2-24- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	
Due to: Dementia Praecox (Catatonic Type)	
Due to: Burn Ulcer of Right Hand	
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) No history
(b) Date of occurrence Obtainable on Burn
(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 R. E. Turner (M. D. or other)
Address Gen. Hospital #2 Date signed 2-26-41

(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.....

Licensed Embalmer No. 3836

P. O. Address 1819 E 15 Reno

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.