S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5959

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 889

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: 1822 Olive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 1822 Olive
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Luke Britton

3. (b) If veteran, name war no

3. (c) Social Security No. 487-12-5617

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife America Britton

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

7. Birth date of deceased Oct. (Month) 10 (Day) 1871 (Year)

8. AGE: Years 72 Months 4 Days 54 If less than one day hr. min.

9. Birthplace Walkinsville (City, town, or county) Ga. / (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Paseo Baptist Church

FATHER
12. Name Riley Britton
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Knotts
15. Birthplace Ga. / (City, town, or county) (State or foreign country)

16. (a) Informant Louis Barber
(b) Address 1822 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 19-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Lincoln Cemetery

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12 K.C. Mo.

19. (a) 2-24-44 (Date received local registrar) (b) N E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1944 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 2-12-, 1944 to 2-14-, 1943
that I last saw him alive on 2-13-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis

Due to Faulty diet

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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 T J Haugh (M. D. [redacted])

Address 2200 E 18 Date signed 2-17-44

(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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City Mo

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.