. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 984

Primary Registration District No. 1002

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community 40 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3108 Jackson Ave. 8
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. George N. BRATON.

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Malee 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Etta Braton

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 5th, (Day) 1887 (Year)

8. AGE: Years 57 Months 9 Days ~~30~~ 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Contractor

FATHER
12. Name Mr. W.R.Braton
13. Birthplace Montrose (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Stella Johnson
15. Birthplace Montrose (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Mrs. Etta Braton

(b) Address 3108 Jackson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mellody-McGilley

(b) Address Kansas City Mo.

19. (a) 1-5-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th
year 1945 hour 9:15 AM minute M.

21. I hereby certify that I attended the deceased from 12-16-44, 19, to 1-4-45, 19;
that I last saw him alive on 1-4-45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to essential hypertension

Due to

Other conditions 83 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebral hemorrhage bothold & recent

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 none

(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 (osgood)

23. Signature MD (M. D. or other) MD

Address 739 Argyle Bldg 15C Date signed 1-9-45

(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. 2989

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.