S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5088

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 682

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: 2700 Tracy Court Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo. (Specify whether years, months or days)

In this community 56 yrs.

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") 48

(d) Street No. 2642 Askew (If rural, give location) 3

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

If yes, name country

3. (a) PRINT FULL NAME Frederick B. Bright

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Nan Bright

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

7. Birth date of deceased May (Month) 27 (Day) 1884 (Year)

8. AGE: Years 60 Months 8 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Wyandotte County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Lather

11. Industry or business

FATHER
12. Name Frank Bright
13. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Lowrecia McDaniel
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Nan Bright

(b) Address 2642 askew.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-'45 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetary

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address K. C. Mo.

19. (a) 2-12-45 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month TO day Feb 10 year 1945 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Nov 1st 1944 to Feb 10, 1945; that I last saw him alive on Feb 10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of the liver	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	46 f

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. S. Tuson, M.D. (M. D. or other)

Address 1232 Professional Bldg Date signed 2/11/45

(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 Gary Buffington

Licensed Embalmer No. 2756

P. O. Address K C 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.