

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED DEC 6 1945
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 44 years

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")

(d) Street No. Burnet Hotel
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME James Aiton Brown

3. (b) If veteran, name war. No. No.

3. (c) Social Security No. 480-01-5681

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Ben Barnhart

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
year 1945 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 14
1945 to Nov. 18 1945
that I last saw him alive on Nov. 18
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

8. AGE: Years Months Days If less than one day

61 8 21 hr. min.

Due to Previous Hypertension

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: 83a

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Employee

11. Industry or business Goldman Jewelry Co.

MOTHER FATHER { 12. Name unknown

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Barnhart

(b) Address 7736 McGee, Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-19-45 (b) Geraldine Holmer
(Date received local Registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature [Signature] M. D. or other md

Address KC Mo Date signed 11-19-45

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

Dr. Merritt Ketcham

*Z. P. ...
W. ...*

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 *[Signature]*.....

Licensed Embalmer No. *1415*.....

P. O. Address *F. C. ...*.....

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.