

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20841

State File No. _____

FILED JUL 3 1947
 Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2706

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

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 No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 1/2 hrs.
(Specify whether
 In this community 26 years
years, months or days)

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. 2845 Wenzel
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Robert Braton Jr.
 3. (b) If veteran, name war no
 3. (c) Social Security No. 496-01-6781

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22
 year 1947 hour 4 minute 40 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 6-22 1947 to 6-22 1947
 that I last saw him alive on 6-22 1947
 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 8, 1921
(Month) (Day) (Year)
 8. AGE: Years 26 Months 1 Days 14
 If less than one day hr. _____ min. _____

Immediate cause of death:
Cerebral thrombus-Generalized arteritis-Rheumatic heart disease with mitral stenosis-Livedo reticularis
 Due to _____
 Due to _____

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation None

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations None
 Of autopsy _____

11. Industry or business _____
 12. Name Wm. Robert Braton, Sr.
 13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Howard
 15. Birthplace Hercules, Missouri
(City, town, or county) (State or foreign country)

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 _____
 Signature Wm. W. Fair (M. D. or other) _____
 Address Med. Dir. Gen'l Hosp. Date signed 6-23-47

16. (a) Informant Mrs. Robert Braton, Sr.
 (b) Address 2845 Wenzel, K. C., Mo.
 17. (a) Burial (b) Date thereof 6-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City, Missouri
 19. (a) 6-24-47 (b) Steraldine Holman
(Date received local registrar) (Registrar's signature)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Dr. Burrell

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.

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.