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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED OCT 1 1948  
Registration District No. 149

Primary Registration District No. 1002

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: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **one day** (Specify whether  
In this community **50 years** years, months or days)

3. (a) PRINT FULL NAME **James W Allbritain**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **M U** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2** **Widowed**  
6. (b) Name of husband or wife **Etta Sandusky Allbritain** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **December 9th 1868**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **12** If less than one day  
hr. min.

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

10. Usual occupation **Physician**

11. Industry or business \_\_\_\_\_

12. Name **Don't Know**  
13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Don't Know**  
15. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ralph E. Marsh**  
(b) Address **3243 Penn**

17. (a) **Removal** (b) Date thereof **9-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Kentucky**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-22-48** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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. **3243 Penn**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **21**  
year **1948** hour **3** minute **10 P** M.

21. I hereby certify that I attended the deceased from **19** 19\_\_\_\_  
**Pathologist**  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarct**  
**Coronary sclerosis**  
**Diabetes mellitus**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **601**  
Of autopsy **same**  
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? \_\_\_\_\_

While at work? **Yes** (Specify type of place) (e) Means of injury **U**  
23. Signature **C. C. N. Smith** (M. D. or other) \_\_\_\_\_  
Address **St. Luke's Hospital** Date signed **21 Sept. 1948**

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**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.....

*Elmer P. Redlin*

Licensed Embalmer No. ....

*3495*

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.**