

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 630

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>North Kansas City</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clay County Home</u>		c. LENGTH OF STAY (In this place) <u>16 Months</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>		f. STREET ADDRESS (If rural, give location) <u>North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay County Home</u>				3. NAME OF DECEASED a. (First) <u>Caroline</u> b. (Middle) <u>Ada</u> c. (Last) <u>Britt</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 8 - 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July - 1 - 1949, 11:28</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 1 YEAR Hours <u>27</u> Min. <u>X</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Garrett Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Britt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sadie Britt</u>		ADDRESS <u>K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumoniaeetasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>526</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April, 1947</u> , to <u>Jan, 1949</u> , that I last saw the deceased alive on <u>Dec 15, 1948</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm H. Gadsden M.D.</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>Jan 8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paradise Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Paradise Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan - 10 - 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		64 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's F.H.</u>		ADDRESS <u>N.K.C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-1-49

AUG 31 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas

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.

7M