

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1169
191

State File No.

Registrar's No.

FILED JAN 25 1952

BIRTH MO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 622 Charlotte		d. STREET ADDRESS (If rural, give location) 622 Charlotte	

3. NAME OF DECEASED a. (First) GEORGE (Type or Print)			b. (Middle) BRATTON			c. (Last) BRATTON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1952			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 1, 1891			9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled Veteran				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) HOUGHTON, La.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Amos Bratton			13b. MOTHER'S MAIDEN NAME Polly Green			14. NAME OF HUSBAND OR WIFE Gertrude Bratton		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Bratton-622 Charlotte		ADDRESS 622 Charlotte	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Cerebral insufficiency</i> ANTECEDENT CAUSES <i>Arteriosclerosis</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4201	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Thos. A. Jones</i>		(Degree or title)		23b. ADDRESS 1612 E 12th St Lawrence, Mo.		23c. DATE SIGNED 1/7/52	
24a. BURIAL SCHEMATION (REMOVAL)		24b. DATE 1/16/52		24c. NAME OF CEMETERY OR CREMATORY St. Leavenworth Nat'l Cem.		24d. LOCATION (City, town, or county) (State) Lawrence, Kan.	
DATE REC'D BY LOCAL REG. 1-14-52		REGISTRAR'S SIGNATURE <i>Hershel Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. Sterling Bills</i>		ADDRESS 1212 V ave	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1952

MAR 6 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Sterling Bills

Signed.....
Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City

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.