

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11808

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1372

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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		f. STREET ADDRESS (If rural, give location) 2202 Forest Avenue 3328	
3. NAME OF DECEASED (Type or Print) a. (First) Carter		b. (Middle)	c. (Last) Britton
4. DATE OF DEATH (Month) (Day) (Year) 3 24 1955			
5. SEX male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED (Specify) married 1	8. DATE OF BIRTH March 8, 1880
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter		10b. KIND OF BUSINESS OR INDUSTRY pulman	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Texas 1
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Sam Britton		13b. MOTHER'S MAIDEN NAME Parthenia Forster	14. NAME OF HUSBAND OR WIFE Juanita Britton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Britton 2202 Forest
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* (a) Possible carcinoma of lung.  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Hypertensive heart disease Arteriosclerosis. Senility.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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 3-7-55, 19__, to 3-24-55, 19__, that I last saw the deceased alive on 3-24-55, 19__, and that death occurred at 6:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Ellis		23b. ADDRESS (Degree or title) MD 600 East 22nd Street	23c. DATE SIGNED 3-25-55
24a. BURIAL, CREMATION REMOVAL (Specify) burial	24b. DATE Mar 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 3-28-55		REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Funeral Home 8th & Benton

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Anna R. Watkins* .....

Licensed Embalmer No. *450*

P. O. Address *18<sup>th</sup> Street* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.