

No. 2
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17-39
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FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17141
1803

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
(Specify whether
In this community 22 yrs
years, months or days)

3. (a) PRINT FULL NAME Benjamin Brinton

3. (b) If veteran, name war 500
3. (c) Social Security No. NO

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Brinton 6. (c) Age of husband or wife if alive 18 3/5 years
7. Birth date of deceased Dec 2 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 5 If less than one day hr. 4 min.

9. Birthplace Wentworth, Kan
(City, town, or county) (State or foreign country)

10. Usual occupation T. R. Waterman

11. Industry or business Retired 10 yrs

12. Name Bryant Brinton

13. Birthplace Wentworth, Kan
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McKerney

15. Birthplace Wentworth, Kan
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. McInerney

(b) Address 1327 Agnes

17. (a) Ships (b) Date thereof May 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ships

18. (a) Signature of funeral director John H. ...
(b) Address 6770 N. Brown

19. (a) May 7 1941 (b) M. D. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 58
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1327 Agnes
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1941 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4-29-41, 19____, to 5-7-41, 19____;
that I last saw him alive on 5-7-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy and dilatation of the heart on an arteriosclerotic basis

Due to 938
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 938
Of autopsy _____
See above

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Drury R. Thru (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration
Underline the cause to which death should be charged statistically.

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

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.