S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10549

State File No.

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 23

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

024
0
0

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Rt. 5 No. Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]
Rural Rt. 5 No. Kansas City Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 024

(c) City or town R. 5 No. Kansas City, Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R. 5 No. Kansas City, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Estella Mable Brittain

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry C. Brittain

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. (Month) 14 (Day) 1897 (Year)

8. AGE: Years 44 | Months 2 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Charles F. Bordner
13. Birthplace Penn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Hekert
15. Birthplace Penn. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Harry C. Brittain
(b) Address R. 5 No. Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 1942 (Year)
(c) Place: burial or cremation Perry Kansas

18. (a) Signature of funeral director .....
(b) Address 832 Armour Rd. No. K. C. Mo.

19. (a) Mar 12-42 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 12 minute A M.

21. I hereby certify that I attended the deceased from March 12, 1942 to ....., 19..., that I last saw her alive on March 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to .....

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

Major findings:
Of operations 83 a

Of autopsy .....

Duration

PHYSICIAN

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other)
Address No. Kansas City Date signed 3-15-42

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Record File Number
Date Filed 4-14-42

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 Fred W. Nutzman, Registered Apprentice No., working under my personal supervision.

Signed Fred W. Nutzman

Licensed Embalmer No. 3711

P. O. Address No. Kansas City, M

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.