

FILED APR 15 1944

Registration District No. 1419

Primary Registration District No. 1002

Registrar's No. 1487

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

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: 3726 Warwick Blvd. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO (Specify whether)
 In this community 8 years
years, months or days

3. (a) PRINT FULL NAME Taylor Brinton
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 20, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 13/12 If less than one day _____ hr. _____ min.

9. Birthplace Delaware County, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
 11. Industry or business Farmer

MOTHER FATHER

12. Name Weldon Brinton
 13. Birthplace Birmingham, Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Gilpin
 15. Birthplace Birmingham, Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gideon Brinton
 (b) Address 3726 Warwick Blvd.

17. (a) Cremation (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery
 18. (a) Signature of funeral director Freeman Mortuary
104 west 42nd street
 (b) Address _____

19. (a) 4-4-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3726 Warwick Blvd.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Mar 22 1944, to Apr 2 1944
 and that I last saw him alive on Mar 21 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day
 Due to Bacteremia 4 yr

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

Major findings:
 Of operations _____
 Of autopsy —
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (c) 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)
 (a) Means of injury —

23. Signature Dorothy Jones (M. D. or other) _____
 Address Home Date signed 4/3/44

*Dr. Harry Jones
1000 1/2
1000 1/2
Before 5-11-11*

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City Mo.*

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.