

FILED FEB 6 1945  
Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 305

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Ke  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution General Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
Specify whether

In this community unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County 999

(c) City or town Snyder 34  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no 2 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Bentley Britt

(b) If veteran, name war unknown

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17  
year 1945 hour 10<sup>12</sup> minute A M.

21. I hereby certify that I attended the deceased from Carover 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

4. Sex M 5. Color or race W 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 unknown  
(Month) (Day) (Year)

Due to Cerebral Hemorrhage

Due to Hypertension

Other conditions 830  
(Include pregnancy within 3 months of death)

8. AGE: Years 51 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation nothing

Major findings: History & Inspection

Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Jackson County Carover

(b) Address K.E. No

17. (a) Removal (b) Date thereof 1-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Snyder Okla

18. (a) Signature of funeral director H. Dugan & Sons

(b) Address Ke

19. (a) 1-20-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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 James Walker (M. D. or other) Carover

Address 1424 Poplar St Date signed 1-20-45

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K.C. 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.**