

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22827

FILED JUL 30 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3025

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: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 100 Holmes
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarace Brittenham

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 2 7 80
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 20 hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business _____

MOTHER { 12. Name John Brittenham
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name Alvira
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant R.R.L.
(b) Address General Hospital

17. (a) Burial (b) Date thereof 7-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Red 2nd St

18. (a) Signature of funeral director Wm. A. Bohmeyer

(b) Address City of Kansas

19. (a) 7-20-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 ✓
year 1945 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from June 7 1945 to June 27 1945
that I last saw him live on June 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of stomach

Due to _____

Due to _____

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

Major findings: Of operations 46 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Cliff W. Seely (M.D. or other) Med. Dir. K.C. General Hospital
Address _____

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.....

Not Embalmed

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Wm A. Sawyer*.....

Licensed Embalmer No. *3689*.....

P. O. Address *150 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.