

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1212

State File No. ....

FILED JAN 21 1946

5352

Registration District No. 149

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:  
Home - 5028 East 8th.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 41 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 5028 East 8th. St. 8  
(If rural, give location)

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

3. (a) PRINT FULL NAME James W. Bristow

3. (b) If veteran, name war No

3. (c) Social Security No. 499-10-7681

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months Dec day 24 year 1945 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 23 1945 to Dec 24 1945 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Fannie Bristow

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 24th, 1873  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Lung Year

Due to Carcinoma

Due to \_\_\_\_\_

Other conditions 4108  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

72 1 0 hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

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

12. Name Robert B. Bristow

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

14. Maiden name MARY A. Solomon

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

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Farp Funeral Home

(b) Address 427 So. Lawndale Ave.

17. (a) Burial 0 (b) Date thereof 12/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Farp Funeral Home

(b) Address 4139 East 15th, St.

19. (a) 12-27-45 (b) Stirling Holmer  
(Date received local registrar) (Registrar's signature)

23. Signature P. H. Clair 0  
(M. D. or other)

Address 5-242 Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

12/25-45

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

100235

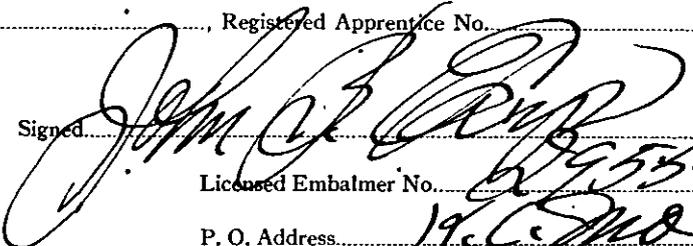
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**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 67955

P. O. Address 19 C. King

**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.**