

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
STANDARD CERTIFICATE OF DEATH

State File No. **2413**
Registrar's No. **8**

Registration District No. **59** Primary Registration District No. **4098**

404
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **CASS**
(b) City or town **BELTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cass** **19**
(c) City or town **BELTON**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **PANSON FREDRICK MIDDLETON**
3. (b) If veteran, name war **0**
3. (c) Social Security No. **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN** day **2** ¹⁰
year **1946** hour **1** minute **30** ⁰⁰ **P.**
21. I hereby certify that I attended the deceased from **1929**
to **Jan 2**, 19**46**
that I last saw him alive on **Jan 2**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ANNIE MIDDLETON**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **MARCH 16 1882**
(Month) (Day) (Year)

Immediate cause of death **mitral Insufficiency 17 yrs**
Due to **0**
Due to **0**
Other conditions (Include pregnancy within 3 months of death) **0**

8. AGE: Years Months Days If less than one day
63 9 16 hr. min.

Major findings: Of operations **92%**
Of autopsy **0**
PHYSICIAN **0**
Underline the cause to which death should be charged statistically.

9. Birthplace **AUBRY KANSAS**
(City, town, or county) (State or foreign country)
10. Usual occupation **RET. LABORER**
11. Industry or business **GENERAL WORK**
12. Name **SAMUEL GEO. MIDDLETON**
13. Birthplace **KANSAS**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY C. SNOODGRASS**
15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

MOTHER, FATHER
16. (a) Informant **MRS. ANNIE MIDDLETON**
(b) Address **BELTON MO.**
17. (a) **BURIAL** (b) Date thereof **JAN 5 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BELTON, MO.**
18. (a) Signature of funeral director **B. T. ...**
(b) Address **BELTON MO.**
19. (a) **Jan 7-1946** (b) **Laura J. Jones**
(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) **0**
(b) Date of occurrence **0**
(c) Where did injury occur? (City or town) (County) (State) **0**
(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 **R. M. ...** (M. D. or other) **00**
Address **BELTON MO.** Date signed **1/5/46**

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.....

A. K. George

Licensed Embalmer No. *3645*

P. O. Address.....

Seaside, Md

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.