

**FILED APR 14 1947**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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:  
7318 Mercer Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

**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. 2420 Wabash  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Helen Harley Britt  
 3. (b) If veteran, name war No 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month March day 31 year 1947 hour 6 minute 00 M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Tom Britt 6. (c) Age of husband or wife if alive Unk. years  
 7. Birth date of deceased July 28, 1901  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

Cardiac Failure  
Hypertensive Heart Disease  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Leavenworth, Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Maid

Major findings: 93d.  
 Of operations \_\_\_\_\_  
 Of autopsy no permit

**MOTHER** { 11. Industry or business \_\_\_\_\_  
 12. Name Piercie Wilson  
 13. Birthplace Sedalia, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Monroe  
 15. Birthplace Liberty, Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Sarah Brown  
 (b) Address 2420 Wabash  
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/4/47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Leavenworth, Kansas

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 23. Signature H. Williams (M. D. or other) \_\_\_\_\_  
 Address 2636 Broadway Date signed \_\_\_\_\_

18. (a) Signature of funeral director Watkins Bros  
 (b) Address 1729 Lydia Ave  
 19. (a) 4-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

4-3-47

---

---

**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. Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**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.**