S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13368

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1582

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~~: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ Since 2-4-47 (Specify whether
In this community 43 YEARS
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")

(d) Street No. 3600 Wayne, K.C. Mo. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Iva MAY Britton

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ MR. ALAN S. BRITTON

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased OCTOBER (Month) 21 (Day) 1902 (Year)

8. AGE: Years 44 Months 5 Days ~~14~~ 13 If less than one day ___ hr. ___ min.

9. Birthplace HOLT (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ALLEN CLARK
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

MOTHER
14. Maiden name BESSIE CASTEEL
15. Birthplace FORT SCOTT (City, town, or county) KANSAS (State or foreign country) 1

16. (a) Informant MR. ALAN S. BRITTON

(b) Address 3600 WAYNE AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR-7-1947 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director D.W. Newsomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 4-7-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-15-46, 19__, to 4-4-47, 19__; that I last saw her alive on 4-4-47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma to neck axilla, liver and bones, primary undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 55 b

Major findings:
Of operations

Of autopsy See above

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature Wm. W. Hart (M.D. or other) MD

Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, 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.