

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 20 1939

Mercy Hospital

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1248

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
 (b) Township 1st Primary Registration District No. 1 Registered No. 261
 (c) City Kansas City (d) Street No. Mercy Hospital St. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Barnett (girl) twin #2 Leta May
 (a) Residence, No. Rockville St. 1 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 none

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockville, Mo.

FATHER 13. NAME Lemard M Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockville, Mo.

MOTHER 15. MAIDEN NAME Margaret Dennis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co, Mo.

17. INFORMANT (ADDRESS) Lemard M Barnett Rockville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City, Mo DATE Jan 23, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Lee Appleton City, Mo.

20. FILED Jan 22, 39 M.M. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1939, to 1-21, 1939

I last saw h. or alive on 1-21, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Prematurity. Date of onset

Other contributory causes of importance: Perinatal pneumonia

Name of operation Date of yes
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) W.S. Broderberg
 (Address) 5017 W. Grand

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.....

P. O. Address.....

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, above space should be left blank.