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

31474
Do not use this space.

1. PLACE OF DEATH (a) County: Jackson (b) Township or (c) City: Kansas City
Registration District No.: 399
Primary Registration District No.: 1002
(d) Street No.: 7079 E Gregory St.
(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: 10 5/12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
Registered No.: 3572

2. PRINT FULL NAME: Louise Lyons Barnhart
(a) Residence, No.: 7079 E Gregory St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: John W. Barnhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16 1874
7. AGE: Years 63 Months 5 Days 16 If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Germany

FATHER
13. NAME: August Schoshoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Alvina Abel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Bernadine Mandel 7079 E Gregory
18. BURIAL, CREMATION, OR REMOVAL: Mt St Mary PLACE 9/13 DATE 19 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. A. O'Donnell & Co 2315 Broadway
20. FILED 9-12 19 39 Mm. Crane Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 11 19 39
22. I HEREBY CERTIFY, That I attended deceased from 5-10 19 39, to 9-15 19 39
Last saw h alive on 19 Death is said to have occurred on the date stated above, at 8 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	8
48	1

Other contributory causes of importance: Carcinoma of the Uterine Cervix
Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
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) S. R. Devereux M. D.
(Address) 1010 Rialto Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

Dr. [illegible]

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.