

SEP 5 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27695**
Registrar's No. **3329**

Registration District No. **399**

Primary Registration District No. **1002**

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: 3305 Park **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 yrs
years, months or days Ella Anna Barnes **630**

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. 3305 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A. 4 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1940 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from 1937 to Aug 22, 1940
that I last saw her alive on Aug 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration 4 Hr

Due to Cardiovascular disease
Duration 3 yr

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: _____
Of autopsy: none
PHYSICIAN 9582
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) no
(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? no

While at work? no (Specify type of place) _____
(e) Means of injury fall

23. Signature Blair H. Boyles (M. D. or other) _____
Address 1232 Prof Bldg Date signed 8-22-40

3. (a) PRINT FULL NAME Ella Anna Barnes

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Barnes 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept. 29 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Fugua

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Ella Sanden

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant George Barnes

(b) Address 3305 Park

17. (a) Burial (b) Date thereof Aug-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.

18. (a) Signature of funeral director Mrs. C. Foster

(b) Address 918 Brooklyn K.C.M.

19. (a) Aug. 23, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Denzil C. Browning

Licensed Embalmer No. *2724*

P. O. Address

J. C. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.