. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37782

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4380

DEC 11 1940

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:
3425 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community About 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town 3425 Woodland
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME (Thomas) Murray Barrett

3. (b) If veteran, name war World War

3. (c) Social Security No. 166-05-6709

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy Barrett

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct. (Month) 9 (Day) 1894 (Year)

8. AGE: Years 46 Months 1 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Argentine, (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Salesman 9

11. Industry or business RCA Victor 1

FATHER
12. Name Thomas M. Barrett 9
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Carrie Marshall
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Barrett
(b) Address 3425 Woodland

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Nov. 18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) 11-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1940 hour 9AM minute ..... M.

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 Deputy Coroner
Gunshot wound of head

Due to

Due to 184

Other conditions 17
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

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) Do not know
(b) Date of occurrence 11-15-40
(c) Where did injury occur? K.C. (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address K.C., Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1945

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 Edison Peters, Registered Apprentice No. 271, working under my personal supervision.

Signed Roscoe H Kiehn

Licensed Embalmer No. 3738

P. O. Address [illegible]

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.