

JAN 8 1941 399
Registration District No. _____

Primary Registration District No. 1002

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

I. 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:
3035 Campbell,
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution. NO. (Specify whether
In this community 60 years,
years, months or days)

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. 3035 Campbell,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 Years, years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 24th,
year 1940 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 24-
Dec. 24- 1940 to Dec. 24- 1940

that I last saw him alive on Dec. 24- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremic coma Duration _____

Myocarditis,

Due to Hypotension & Octave

Due to Chronic nephritis

Other conditions. _____

Major findings: _____

Of operations. _____

Of autopsy. NO.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph H. Hoover (M. D. or other) _____

Address 1402 Millham Rd. St. Louis signed _____

3. (a) PRINT FULL NAME John A. Barnes,

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

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

6. (b) Name of husband or wife Mrs. Mary Barnes 6. (c) Age of husband or wife if alive. 66 years

7. Birth date of deceased June 3 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired _____

11. Industry or business _____

12. Name Unknown _____

13. Birthplace Unknown _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Unknown _____

15. Birthplace Unknown _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs. Mary Barnes,

(b) Address 3035 Campbell, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 12-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 12-26-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Dr. J. H. Freeman,
402 Wirthman,
Office, We 9270
Va 4939

Memoranda (Steps) 11 43

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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, above space should be left blank.