

APR 15 1941

Registrar's No. 1021

Registration District No. 399

Primary Registration District No. 1002

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

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 2935 Wabash
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community 50 Years

8. (a) PRINT FULL NAME Emma Barnett

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

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

6. (b) Name of husband or wife S. Hardy Barnett **6. (c) Age of husband or wife if alive** 75 years

7. Birth date of deceased June 22, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 18
 If less than one day hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant S. H. Bennett

(b) Address 2935 Wabash

17. (a) Burial Burial **(b) Date thereof** March 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & son, Inc.

(b) Address K. C. Mo.

19. (a) 3/12/41 **(b) M. M. Grome**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. **(b) County** Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1020 Askew
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from FEB. 10 to MAR. 10, 1941;
 that I last saw her alive on MAR. 9, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death
CARDIAC DECOMPOSITION 6 mos.

Due to ARRHYTHMIC FIBRILLATION 6 mos.

Due to BRONCHIAL ASTHMA 6 mos.

Other conditions
(Include pregnancy within 3 months of death)
75 C

Major findings:
 Of operations _____
 Of autopsy _____
75 C

Duration
PHYSICIAN

 Underlines 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? _____

(e) While at work? _____
(Specify type of place) (e) Means of injury

23. Signature B. C. [Signature] **(M. D. or other)** M.D.
Address 6344 [Address] **Date signed** _____

6944 1/1/1944

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 B. H. Blackman

Licensed Embalmer No. 2244

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.