

No. 2
1-13-40
-17-39
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13367
1348

State File No. _____
Registrar's No. _____

Registration District No. 397 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: 4302 Madison,
(d) Length of stay: In hospital or institution no.
In this community 9 months,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(d) Street No. 4302 Madison,
(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Isaac Newton Barnett,
3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4th,
year 1941 hour 6:00 minute 15 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Grace Barnett, 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased January 30th 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4th to April 4th, 1941,
that I last saw him alive on April 4, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years Months Days If less than one day
68 2 4 hr. _____ min.
9. Birthplace Illinois,
(City, town, or county) (State or foreign country)

Due to arterio-sclerosis
Due to 120/180
Other conditions 830
(Include pregnancy within 3 months of death)

10. Usual occupation Physician,
11. Industry or business X
12. Name J. N. Barnett,
13. Birthplace Kentucky,
14. Maiden name Virginia A. Lyon,
15. Birthplace Kentucky,

Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Barnett,
(b) Address 4302 Madison, Kansas City, Mo.
17. (a) Burial (b) Date thereof 4/7/41
(c) Place: burial or cremation Green Lawn Cem
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Apr 6 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____
(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 1
23. Signature [Signature] (M. D. or other) _____
Address 901 W. 1st St Date signed 4/4/41

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

838

Dr. Haines,
901 Westport ave

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

Willis V Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. *1415*

P. O. Address *[Handwritten]*

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, fact should be so stated above.