S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941
MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17088

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1750

**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: 7419 State Line (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jachson 48

(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL") 3

(d) Street No. 7419 State Line (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frances Louisa Barnstetter

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Feb 10th 25 1856 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | 2 | 23 | hr. min. |

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

10. Usual occupation Home

11. Industry or business

FATHER 12. Name Abraham J, Kilby

13. Birthplace Pike County Mo (City, town, or county) O (State or foreign country)

MOTHER 14. Maiden name Julia T. Kilby

15. Birthplace Pike County Mo (City, town, or county) O (State or foreign country)

16. (a) Informant Mrs Frances Rogers

(b) Address 7419 State Line

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 3 41 (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo.

18. (a) Signature of funeral director Harlyn W. Fox

(b) Address 7406 Wornall Mo

19. (a) May 4 1941 (Date received by registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May 3 day — year 1941 hour — minute — M.

21. I hereby certify that I attended the deceased from April 9, 1941, to May 3, 1941; that I last saw h alive on —, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Serious Pneumonia (Mitral Stenosis) Acute Pneumonia

Due to Inter Trochanteric fracture left hip April 9-1941

Due to —

Other conditions (Include pregnancy within 3 months of death) 1816

Major findings: Of operations 1816 N 18

Of autopsy —

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) Acc

(b) Date of occurrence April 9, 1941

(c) Where did injury occur? K C (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury 123

23. Signature Ora A. Jackson (M. D. or other)

Address 103 E. Armour Date signed 5-3-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Harlyn W. Rez, Registered Apprentice No. _____, working under my personal supervision.

Signed Harlyn W. Rez

Licensed Embalmer No. 2810

P. O. Address Ft. T. 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.**