

No. 2  
-1-4-41  
-17-39  
X28390  
48  
8

1943 STANDARD CERTIFICATE OF DEATH

State File No. 20669  
Registrar's No. 2198

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution O. K. C. S. A.  
(d) Length of stay: In hospital or institution 7 Days  
In this community 9 yrs - 9 mos - 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 308 Seinfeld  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CLARA M. BARRETT

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

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced, unknown  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased unknown

8. AGE: Years Months Days If less than one day  
about 67 yrs

9. Birthplace unknown

10. Usual occupation Retired

11. Industry or business

12. Name unknown  
13. Birthplace unknown

14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Coroner's office

(b) Address K. P. Mo

17. (a) Burial (b) Date thereof 6/7/41

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J. P. Kapitan

(b) Address K. P. Mo  
19. (a) Date received local registrar 7/19/41 (b) M. M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2 year 41  
21. I hereby certify that deceased from 11:00 P  
that he/she was alive and that death occurred on the date and hour stated above.  
Immediate cause of death

subdural & intracerebral  
Due to cerebral hemorrhage

Due to Auto mobile trauma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 17 DC 1  
Of autopsy 17 DC 6

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) Accident

(b) Date of occurrence 6-7-41

(c) Where did injury occur? K. P. Mo

(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
Country highway auto

While at work (c) Means of injury

23. Signature M. M. Brown (M. D. or other)  
Address K. P. Mo Date signed

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

**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

*John B. Lichten*

Licensed Embalmer No. 3754

P. O. Address 1C 210

**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.**