V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26338

State File No.

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3228

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days
(Specify whether years, months or days)

In this community: Non-resident 10 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 54

(c) City or town: Lexington 3
(If outside city or town limits, write "RURAL") 2

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME: Charley E. Barrer

3. (b) If veteran, name war: No

3. (c) Social Security No.

4. Sex: Male

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Sgl

6. (b) Name of husband or wife: XX

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

7. Birth date of deceased: December (Month) 28 (Day) 1903 (Year)

8. AGE: Years 38 | Months 8 | Days 0 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Bridge Carpenter

11. Industry or business: Missouri-Pacific

MOTHER FATHER

12. Name: Albert Barrer

13. Birthplace: Lexington, (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Hattie Stapleton

15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hattie Barrer

(b) Address: Lexington, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington, Mo.

18. (a) Signature of funeral director: J. M. Wagner

(b) Address: Kansas City, Mo.

19. (a) 8-29-42 (Date received by local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1942 hour 1: minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug, 19..., to ..., 19...

that I last saw h... alive on ..., 19...

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulpification of Arterial spinal cordy.	
Due to: Deterioration of 6th Dorsal vertebra -	
Due to: Fall from a railroad coal car.	
Other conditions (Include pregnancy within 3 months of death): 186a 18	

Major findings:
Of operations:

Of autopsy: See autopsy

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 054

(b) Date of occurrence: 8/29/42

(c) Where did injury occur? Lexington Mo. (City or town) (County) (State)

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

(e) Means of injury: Fall

While at work? Yes

23. Signature: Office Clerk (M. D. or other)

Address: Date signed 8/29/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 19

JAN 25 1943

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 Harry C Bergsma

Licensed Embalmer No. 2041

P. O. Address Kan City 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, fact should be so stated above.