

S. No. 2
M-5-42
v. 5-17-39
X32873

32618

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 3264

Registration District No. 149

Primary Registration District No. 1002

48
803

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 2 days
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3632 East 50th St.
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME John Barnes
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 11th
year 1942 hour 7 minute 25 P. M.

4. Sex M. O. 5. Color or race W. 6. (a) Single, widowed, married divorced, widowed
6. (b) Name of husband or wife E. Lane Barnes 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 31 1874

21. I hereby certify that I attended the deceased from 10-9-42, 19, to 10-11-42, 19, ;
that I last saw him alive on 10-11-42, 19, ;
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 10 If less than one day .hr. .min.

Immediate cause of death
Arteriosclerotic heart disease with nephritis, Chronic
Due to 121 B

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

10. Usual occupation floor finisher
11. Industry or business retired

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

12. Name Mrs. Bone
13. Birthplace Ill (City, town, or county) I (State or foreign country)
14. Maiden name Sarah Bone
15. Birthplace Ill (City, town, or county) I (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Julia Walburn
(b) Address 2412 Cypress
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director W. H. Walker
(b) Address K.C. Mo.
19. (a) 10-13-42 (b) M. M. Crow (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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (a) Means of injury
23. Signature Drury R. Thom (M. D. or other)
Address Med. Dir. K.C. General Hospital, K.C. Mo. Date signed

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. Blalock

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, fact should be so stated above.