7. S. No. 2
0M—5-42
ex. 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 FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

951

State File No. 372

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 3935 Tracy Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --
In this community: 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3935 Tracy Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: Mrs. Orrie Barter
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mr. Henry C. Barter
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: October (Month) 10 (Day) 1856 (Year)

8. AGE: Years 86 Months 3 Days 14 If less than one day hr. min.

9. Birthplace: Mt. Vernon (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: --
MOTHER FATHER
12. Name: James Templeton
13. Birthplace: Mt. Vernon (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name: Unknown McAlister
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Jesse Barter
(b) Address: 3935 Tracy
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Jan. 26, 1943 (Month) (Day) (Year)
(c) Place: Burial or cremation: D. W. Newcomer's Sons
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 1-25-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1943 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from December 20, 1941, to January 24, 1943, that I last saw him alive on January 24, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized arteriosclerosis with profound asthenia	3 months
Due to: Carcinoma of left breast (Scirrhous type)	3 months
Due to:	
Other conditions (Include pregnancy within 3 months of death): 50	

Major findings:
Of operations: —
Of 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): —
(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? (Specify type of place)
While at work? (e) Means of injury: —

23. Signature: Gratian Asher (M. D. or other) M.D.
Address: 1320 Prof. Bldg. Date signed 1-24-43

(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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K C 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.