

FILED

JUN 1948

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. 2052

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
107 North Clinton Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 43 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 107 North Clinton Place 8  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Hattie Maria Barnes

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. None

20. DATE OF DEATH: Month May day 2nd  
year 1943 hour 2 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. Joel S. Barnes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 23 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 30 1943, to May 2 1943; that I last saw her alive on May 1 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Myocardial infarction 2 years  
Due to age 93 1/2

9. Birthplace Greenfield Center New York  
(City, town, or county) (State or foreign country)

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Lyman J. Green

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Rosanna McNulty

15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Barnes

(b) Address 4118 Scarritt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-3-43 (b) M. M. Brown  
(Date received local registrar) (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) (c) Means of injury \_\_\_\_\_  
23. Signature C. W. Row (M. D. or \_\_\_\_\_)  
Address 1239 Edmund St. No. 440 Date signed 5-3-43

Duration 2 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

103 N. Elmwood  
1:30.5

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**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 *H. McNeir*

Licensed Embalmer No. 4043

P. O. Address KOMO

**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.**