

SEP 7 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3715

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:
General Hospital No. 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-17-43-8-24-43
(Specify whether years, months or days)

In this community... 60 yrs.

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. 1014 Troost Apt. E.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY (JEFF) BARTON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	-	hr. _____ min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER {

12. Name Fred Barton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Millie

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Happingville, Mo

18. (a) Signature of funeral director P. E. Brown

(b) Address 1513 Locust

19. (a) 8-28-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1943 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from August 17, 1943 to August 24, 1943
that I last saw him alive on August 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Nephritis

Due to Uremia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature P. E. Brown (M. D. or other) _____

Address Gen Hosp #2-600B 22nd St Date signed 8-26-43

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.....

Licensed Embalmer No.....

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.