

Registration District No. **149**

Primary Registration District No. **1802**

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:  
5729 Woodland /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 55 years  
years, months or days

3. (a) PRINT FULL NAME MRS BRIDGET BARTON

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 Horace J. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 20, 1863  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day, |
|---------|-----------|----------|----------|-----------------------|
|         | <u>80</u> | <u>2</u> | <u>5</u> | hr. _____ min.        |

9. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

MOTHER FATHER { 12. Name Peter Gent

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

14. Maiden name Ann Kelley

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

16. (a) Informant Mr Frank J. Dafferty

(b) Address 5729 Woodland

17. (a) Burial (b) Date thereof 11/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quinn & Quinn Co.

(b) Address 20 West Linwood Blvd, K.C.

19. (a) 11-27-43 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 5729 Woodland  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th  
 year 1943 hour 3: minute 45 P. M.

21. I hereby certify that I attended the deceased from 1940  
 \_\_\_\_\_, 19 \_\_\_\_\_ to Nov 1, 19 43  
 that I last saw him alive on Nov 1, 19 43,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease - had chronic myocarditis + hypertension for years

Due to \_\_\_\_\_  
 Due to q3d  
 Other conditions none except age  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
 Of autopsy none

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 H. E. Brown (M. D. or other) \_\_\_\_\_  
 Address 1003 Dump Bldg Date signed 11/27/43

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

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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.....

*Harlan Lee*

Licensed Embalmer No. *2810*

P. O. Address.....

*A. C. Lee*

**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.**