

STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1948

42477 ✓

State File No. \_\_\_\_\_

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1407 W. Maple St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1407 W. Maple  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Alma Carroll Barmore

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lily Barmore 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 4, 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Birdseye, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Religion

12. Name James O. Barmore

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

14. Maiden name Elizabeth McDonald  
(City, town, or county) (State or foreign country)

15. Birthplace New Albany, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lily Barmore

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 12/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Lane

18. (a) Signature of funeral director Roland R. Speake

(b) Address Independence, Mo.

19. (a) 12-27-43 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23  
 year 1943 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from March 31, 1930 to Dec. 23, 1943  
 that I last saw him alive on Dec. 22, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 2 d.  
Coronary Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature Chas. Brown (M. D. or other) \_\_\_\_\_  
 Address Independence, Mo. Date signed 12/23/43

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

MOTHER FATHER

JAN 24 1944

MAR 2 1945

**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: *Roland Sparks*

Licensed Embalmer No. *3604*

P. O. Address *Indep. 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.**