

FILED FEB 3 1944

State File No. _____

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 273

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: 2118 Minnie
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days) 5 years

3. (a) PRINT FULL NAME Jonathan S. BARRY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frances Barry 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May 14 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 8 If less than one day 2 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business X

MOTHER FATHER { 12. Name John Barry
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Schoonover,
 (b) Address 2738 Chelsea, Kansas City, Mo.

17. (a) Removal (b) Date thereof 1-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nevada, Missouri

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) Jan 18, 1944 (b) J. 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. 2118 Minnie
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
 Year 44 hour _____ minute 2 M.

21. I hereby certify that I attended the deceased from 1-1-44
 _____, 19____, to 1-16-44
 _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerosis

Due to _____

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

Major findings:
 Of operations 97
 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 _____

23. Signature J. E. Brown (M. D. or other)
 Address 2118 Minnie Date signed 1-17-44

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

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 John H. Hurley
Licensed Embalmer No. 4050
P. O. Address Kansas City, 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.