

FILED APR 15 1944 49

Primary Registration District No. 1002

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

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  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether  
 In this community 22 Years  
years, months or days)

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. 701 East 12th Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Barlow  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 4 day 1  
 year 1944 hour 10 minute 50 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from March 26, 1944 to April 1, 1944.  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased January 6 1884  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
60 2 25 hr. min.

Immediate cause of death Generalized Peritonitis  
Perforation of Sigmoid  
Colon (Inflammatory)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy See above p 23!

9. Birthplace England  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Carnival Shows

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

11. Industry or business \_\_\_\_\_  
 12. Name Don't Know  
 13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
 14. Maiden name Don't Know  
 15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry H. Wheeler  
 (b) Address 4434 Highland Ave. K.P. Mo.  
 17. (a) Burial (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

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? \_\_\_\_\_

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address Kansas City, Missouri  
 19. (a) 4-1-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature A. E. Upsher (M. D. or other)  
123 McWay Date signed 4/1/44

**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 *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

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.**