

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1485**

Dr. Ralph H. Miller
FILED APR 15 1944
Registration District No. **154992**

E 244 BE 2369
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 Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2522 Cypress Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2522 Cypress
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs Agnes Bashinski BARNETT

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-5459

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1944 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 7, 1944, to April 3, 1944
that I last saw her alive on April 3, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Hiram Barnett

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 10th 1896
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the Uterus

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>0</u>	<u>24</u>	<u>23</u> hr. min.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Snower Mfg Co

12. Name Joseph Bashinski

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

14. Maiden name Unknown

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

16. (a) Informant Hiram Barnett

(b) Address 2522 Cypress

17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 4-4-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN 485

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 _____

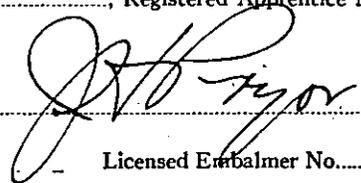
23. Signature Ralph H. Miller (M. D. or other) _____
Address 4712 E. 24th Date signed 4/14/44

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.....



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.