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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18200

FILED MAY 18 1946

Registration District No. 1946

Primary Registration District No. 5568

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fairmount Station ~~Kansas City, Mo.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9019 Wilson Road Blue Township
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmount Sta. ~~Kansas City, Mo.~~
(If outside city or town limits, write "RURAL")

(d) Street No. 9019 Wilson Road Blue Twp.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Elwood Earl Barnes

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

7. Birth date of deceased October (Month) 25. (Day) 1931 (Year)

8. AGE: Years 12 | Months 6 | Days 10 | If less than one day ..... hr. ..... min.

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

10. Usual occupation School Student

11. Industry or business School

FATHER
12. Name E. J. Barnes
13. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Huldah Oldham
15. Birthplace Topekan (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mr. E. J. Barnes
(b) Address 9019 Wilson Road, Kansas City, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 4 (Month) - 8 (Day) - 44 (Year)
(c) Place: burial or cremation Topeka Kansas

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Indep. Mo.

19. (a) 4-7-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 2, 1944 to April 5, 1944 that I last saw him alive on April 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	2 days
Due to Acute pancreatitis	2 days
Due to Epidemic Parotitis	1 week
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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PHYSICIAN
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Fred W. Hink MD (M. D. or other)
Address Fairmount, Mo. Date signed 4/7/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.