

S. No. 2
OM-2-43
v. 5-17-39
X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5061

FILED MAR 3 1945
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 767

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:
4111 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
(Specify whether 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. 4111 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August Benjamin Barth
3. (b) If veteran, name war No 3. (c) Social Security No. 486-03-2210

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 14th
year 1945 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Mrs. Alice Barth 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased January 30 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10 1945 to Feb 14 1945
that I last saw him alive on Feb 14 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 14 If less than one day
hr. _____ min. _____

Immediate cause of death Coronary Arteriosclerosis Duration 4 days
Due to _____
Due to _____

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Restaurant
11. Industry or business Nances Cafe

Other conditions (Include pregnancy within 3 months of death) 94a
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Valentine Barth
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Spangenburg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Alice Barth
(b) Address 4111 Benton Blvd.
17. (a) Removal (b) Date thereof 2-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tuscumbia, Mo.

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) 2-16-45 (b) D. E. Beaman
(Date received local registrar) (Registrar's signature)

While at _____ (Specify type of place)
(c) Means of injury _____
23. Signature Freeman Mortuary (M. D. or other) _____
Date signed 2/16/45

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.