V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12000

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1893

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: 1521½ Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44

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

(d) Street No. 1521½ Campbell
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. PEARL BARTON

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Harry H. Barton

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 20 (Day) 1881 (Year)

8. AGE: Years 64 Months 0 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Parkers Landing (City, town, or county) Pa. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas John Sharpe
13. Birthplace (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Charity V. Carson
15. Birthplace (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Harry H. Barton
(b) Address 1521½ Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 4-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1945 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 25, 1931, 19__, to 4-27-, 1945; that I last saw her alive on 4-27-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration (Old Rheumatic Heart) — Duration

Due to Mitral Stenosis with Hypertension

Due to Rheumatic fever as child.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 b

Of autopsy None

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 W. A. Meyer (M. D. or other)

Address 1115 Grand Ave, KC Mo Date signed 4/29/45

(Licensed Embalmer's Statement on Reverse Side)

Certificate 815
11-3935

MAY 16 1945

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 Alvin R Hamschild

Licensed Embalmer No. 4159

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.