

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 11 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20610

State File No. ....

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 229

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1301 South Noland  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 hour  
(Specify whether  
 In this community 27 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Independence 3  
(If outside city or town limits, write "RURAL" and name of township)  
 (d) Street No. 1715 Walnut, Kansas City, Mo. 8  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No) /  
 If yes, name country.....

**3. (a) PRINT FULL NAME** TIPTON GEORGE BARNARD  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month June 21 day 21  
 year 1946 hour 9 minute 20 M.  
 21. I hereby certify that I attended the deceased from 2/11/46  
 to 6/21/46  
 that I last saw him alive on 6/21  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edith Bernard 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased August 7th 1872  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion 1 day less than 1 day.  
 Due to.....  
 Due to.....  
 Other conditions Arterial Hypertension years  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day,
	<u>73</u>	<u>10</u>	<u>14</u>	hr. min.

9. Birthplace Knoxville, Tenn.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Druggist

Major findings:  
 Of operations 940  
 Of autopsy.....  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....  
 12. Name Joseph A. Bernard  
 13. Birthplace Knoxville, Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Clark  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clark Bernard  
 (b) Address 1301 S. Noland, Independence Mo.  
 17. (a) Burial (b) Date thereof June 25, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Carthage Mo.  
 (c) Place: burial or cremation.....  
 18. (a) Signature of funeral director Geo. C. Caron  
 (b) Address Independence Missouri  
 19. (a) 6-30-46 (b) Geo. C. Caron  
(Date received local registrar) (Registrar's signature)

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?..... Means of injury.....  
 23. Signature Chas. F. Grabske (M. D. or other).....  
 Address Chas. F. Grabske, M.D. Date signed 6/21/46  
125 W. Lexington St.  
Independence, Mo.

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

354

(Licensed Embalmer's Statement on Reverse Side) Independence, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverseside of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Floyd L. Benson*

Licensed Embalmer No. *4199*

P. O. Address *Independence*

**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.**